

EMERGENCY GUIDELINES FOR MAINE SCHOOLS



Guidelines For helping an ill or injured student when the school nurse is not available.

- Allergic Reaction
- Asthma & Difficulty Breathing
- Bites
- Bleeding
- Blisters
- Bruises
- Burns
- CPR
- Choking
- Cuts
- Diabetes
- Diarrhea
- Ear Problems
- Electric Shock
- Eye Problem
- Fainting
- Fever
- Fractures & Sprains
- Frostbite
- Headache
- Head Injuries
- Heat Stroke
- Hypothermia
- Menstrual Difficulties
- Mouth & Jaw Injuries
- Neck & Back Injuries
- Nose Problems
- Poisoning & Overdose
- Pregnancy
- Puncture Wounds
- Rashes
- Seizures
- Splinters
- Stabs/gunshots
- Stings
- Stomach Aches
- Teeth Problems
- Tetanus
- Tick Bite & Removal
- Unconsciousness
- Vomiting
- Recommended Equipment & Supplies
- Emergency Procedures
- Infection Control
- Special Needs

ABOUT THE GUIDELINES

The Emergency Guidelines for Schools Manual is meant to provide recommended procedures for school staff who have no medical/nursing training to use when the school nurse is not available. It is recommended that staff who are in a position to provide first-aid to students complete an approved first-aid and CPR course.

The emergency guidelines in this booklet were originally produced by the Ohio Department of Public Safety's Emergency Medical Services for Children Program, and revised by the North Dakota EMS-C. Maine Emergency Medical Services has revised this version of the manual to make it specific for Maine.

These guidelines have been created as recommended procedures. It is not the intent of these guidelines to supersede or make invalid any laws or rules established by a school system, a school board, or the State of Maine. Please consult your school nurse if you have any questions concerning the recommendations contained in the guidelines.

Please take some time to familiarize yourself with the format and review the "How to Use the Guidelines" section prior to an emergency situation. It is also important to know how to contact your local EMS service and have a plan to direct the EMS providers to the location of the emergency upon their arrival.

HOW TO USE THE EMERGENCY GUIDELINES

The back outside cover of the booklet contains important information about key emergency numbers in your area. It is important to complete this information as soon as you receive the booklet, as you will need to have this information ready in an emergency situation.

The guidelines are arranged with tabs in alphabetical order for quick access.

A colored flow chart format is used to guide you easily through all steps and symptoms from beginning to ending. See the **Key to Shapes and Colors** page.

Take some time to familiarize yourself with the **Emergency Procedures for an Accident or Illness** section. These procedures give a general overview of the recommended steps in an emergency situation and the safeguards that should be taken.

In addition, some information has been provided about infection control procedures and emergency planning for students with special needs.

INFECTION CONTROL

To reduce the spread of infectious diseases (*diseases that can be spread from one person to another*), it is important to follow Universal Precautions. Universal precautions is a set of guidelines, which assumes that all blood and certain other body fluids are potentially infectious. It is important to follow universal precautions when providing care to *any* student, whether or not the student is known to be infectious: The following list describes universal precautions:

- Wash hands thoroughly:
 1. before and after physical contact with any student (*even if gloves have been worn*).
 2. before and after eating or handling food.
 3. after cleaning
 4. after using the restroom
- Wear gloves when in contact with blood and other body fluids.
- Wear protective eyewear when body fluids may come in contact with eyes (e.g. squirting blood).
- Wipe-up any blood or body fluid spills as soon as possible (*wear gloves*). Double-bag the trash in a plastic bag or place the bloody material in a ziploc bag and dispose of immediately. Clean the area with an approved disinfectant or a bleach solution (one part liquid bleach to 10 parts water).
- Send all soiled clothing (i.e. clothing with blood, stool or vomit) home with the student in a double-bagged plastic bag.
- Do not eat, or touch your mouth or eyes, while giving first aid.

Guidelines for students:

- Remind students to wash hands after coming in contact with their own blood or body secretions.
- Remind students to avoid contact with another person's blood or body fluids.

PLANNING FOR STUDENTS WITH SPECIAL NEEDS

Some students in your school may have special emergency care needs due to their medical conditions or physical abilities.

Medical Conditions:

Some students may have special conditions, which put them at risk for life-threatening emergencies. For example students with:

- Seizures
- Life-threatening or severe allergic reactions
- Diabetes
- Asthma or other breathing difficulties

Your school nurse or other school health professional, along with the student's personal doctor, should develop individual emergency care plans for these students when they are enrolled. These emergency care plans should be made available at all times.

In the event of an emergency situation, refer to the student's individual care plan.

Physical Abilities:

Other students in your school may have special emergency needs due to their physical abilities. For example:

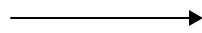
- Students in wheel chairs
- Students who have difficulty walking up or down stairs (*for whatever reason*).
- Students who are temporarily on crutches.

These students will need special arrangements in the event of a school-wide emergency (e.g. fire, tornado, evacuation; etc.). A plan should be developed and a responsible person should be designated to assist these students to safety.

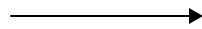
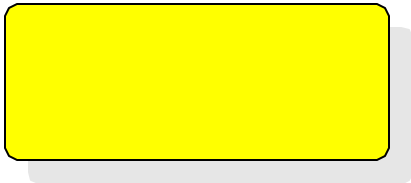
EMERGENCY PROCEDURES FOR ACCIDENT OR ILLNESS

1. Assess the situation. Be sure the situation is safe for you to approach. The following dangers will require caution: Live electrical wires, gas leaks, building damage, fire or smoke, traffic or violence.
2. A responsible adult should stay at the scene and give help until the person designated to handle emergencies arrives.
3. Send word to the person designated to handle emergencies. This person will take charge of the emergency and render any further first aid needed.
4. DO NOT give medications unless there has been prior approval by the parent or guardian.
5. DO NOT move a severely injured or ill student unless absolutely necessary for immediate safety. If moving is necessary, follow guideline in NECK AND BACK INJURIES section.
6. The responsible school authority or a designated employee should notify the parent/legal guardian of the emergency as soon as possible to determine the appropriate course of action.
7. If the parent/legal guardian cannot be reached, notify a parent/legal guardian substitute and call either the physician or the hospital designated on the Emergency Information Card, so they will know to expect the injured student. Arrange for transportation of the injured student by Emergency Medical Services (EMS), if necessary,
8. A responsible individual should stay with the injured student.
9. Fill out a report for all accidents requiring above procedures if required by school policy.

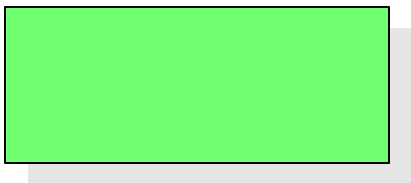
KEY TO SHAPES AND COLORS



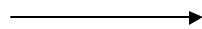
Start Here



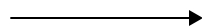
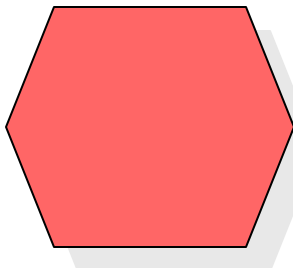
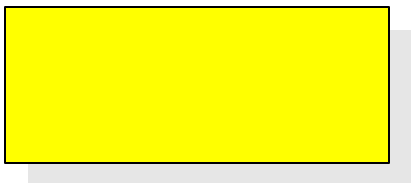
Provides first-aid instructions



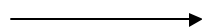
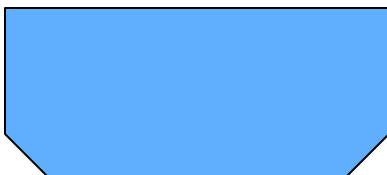
OR



Question is being asked. You will have a choice based on the student's condition.



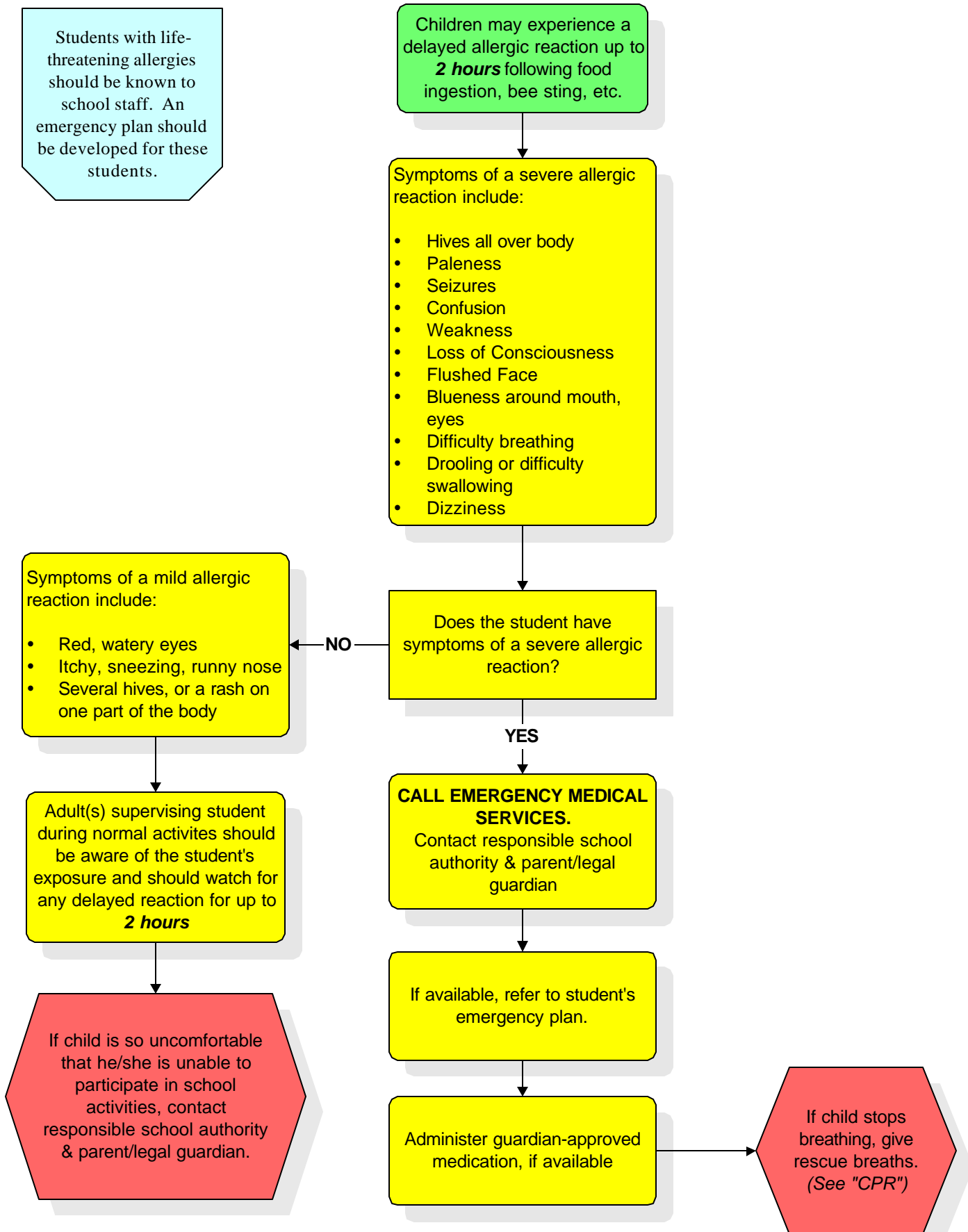
Stop here. This is the final instruction.



A note to provide background information. This type of box should be read before emergencies occur

Green Shapes = Start
Yellow Shapes = Continue
Red Shapes = Stop
Blue Shapes = Background Information

ALLERGIC REACTION



ASTHMA/WHEEZING/DIFFICULTY BREATHING

Students with a history of breathing difficulties, including asthma/wheezing, should be known to all school staff. A health/emergency care plan should be developed.

A student with asthma/wheezing may have breathing difficulties that include:

- wheezing - high pitched sound during breathing out.
- rapid breathing
- flaring (widening) of the nostrils.
- increased use of stomach and chest muscles during breathing.
- tightness in chest.
- excessive cough.

If available, refer to student's health or emergency care plan.

Does student have guardian-approved medication?

YES

Administer medication as directed

Encourage the student to sit quietly, breathe slowly and deeply in through the nose and out through the mouth.

- Did difficulty breathing develop rapidly?
- Are the lips, tongue or nail beds turning blue?
- Are symptoms not improving or getting worse?
- Is speaking difficult due to shortness of breath?

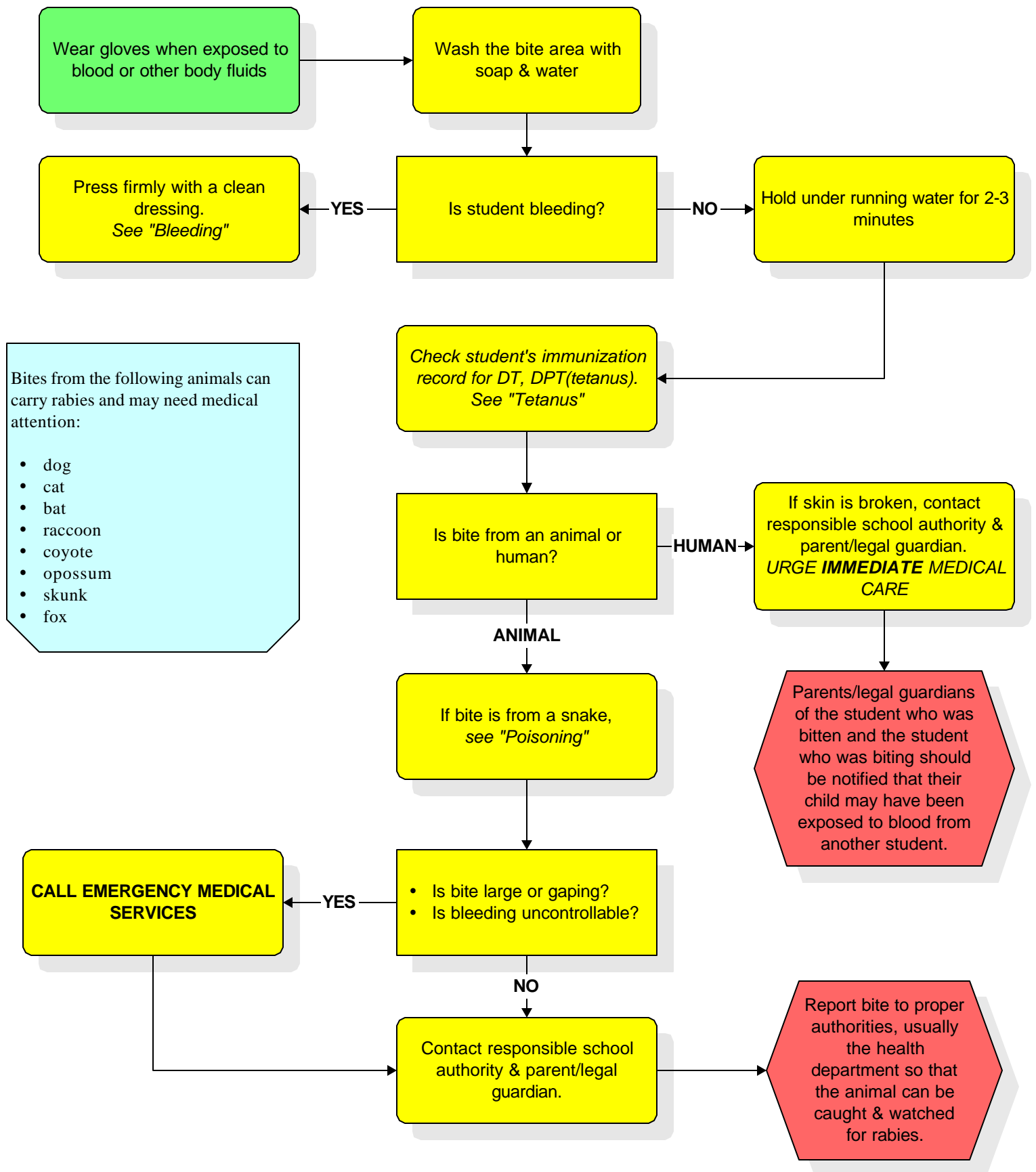
NO

Contact responsible school authority & parent/legal guardian

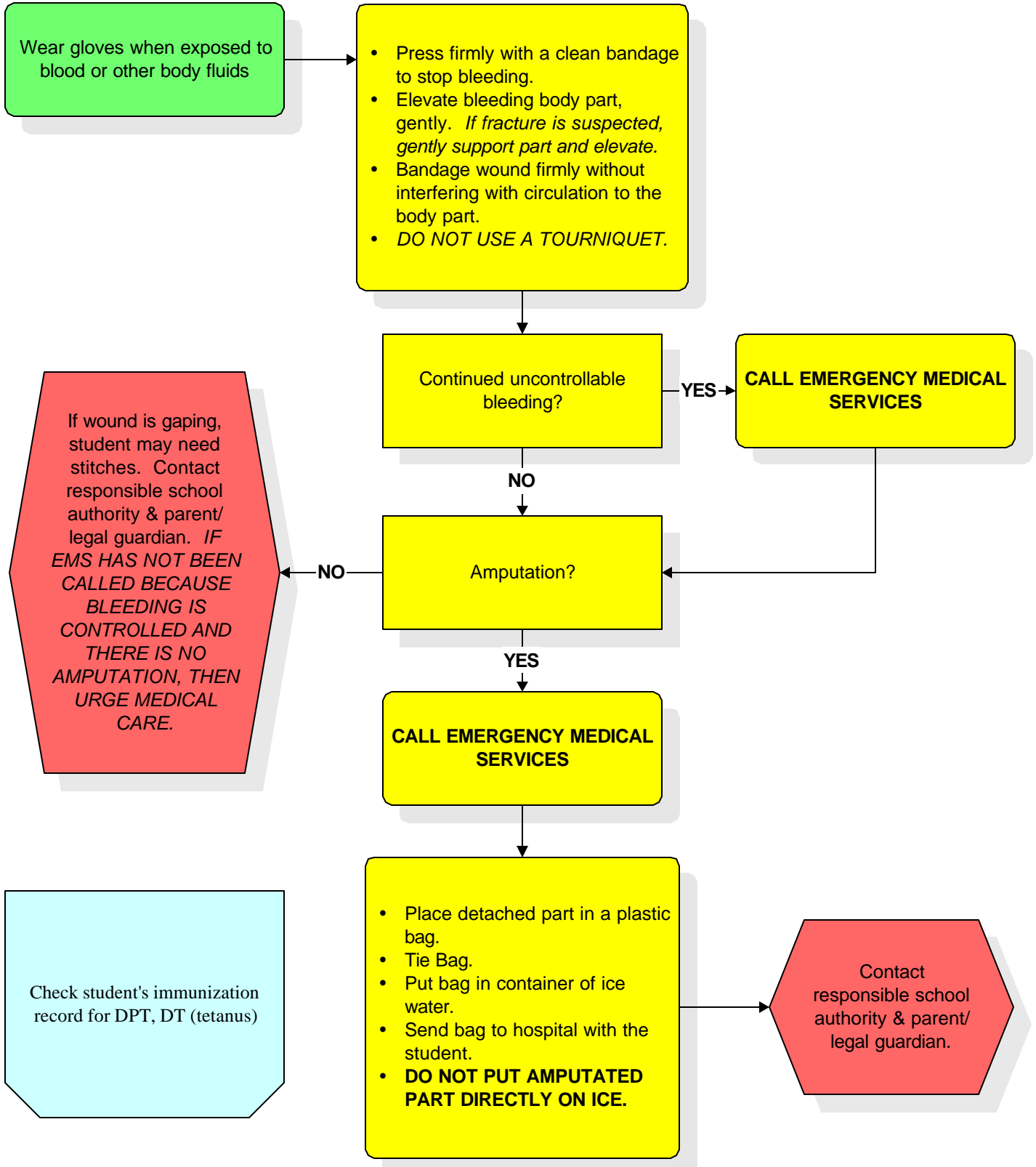
YES

CALL EMERGENCY MEDICAL SERVICES

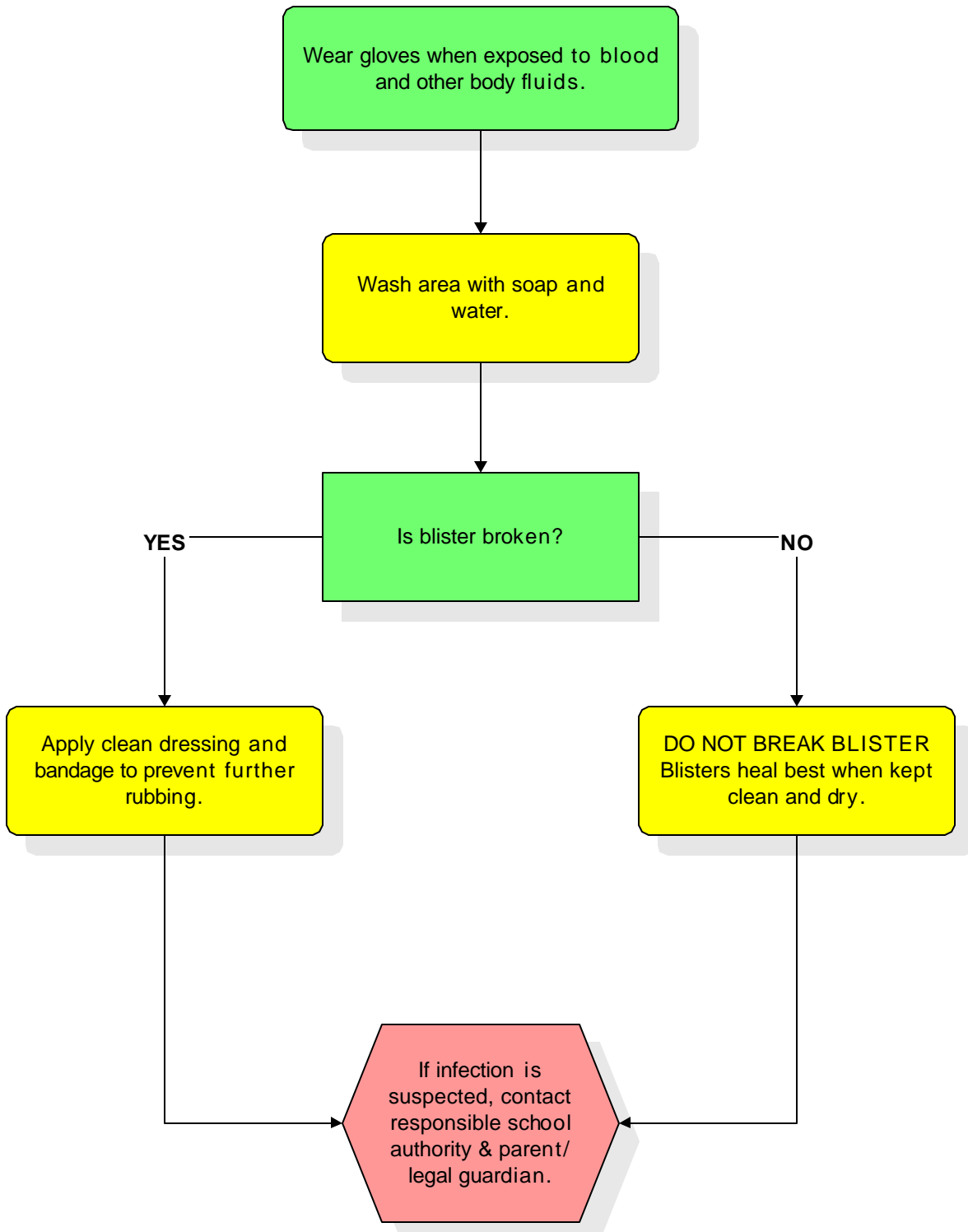
BITES (Human & Animal)



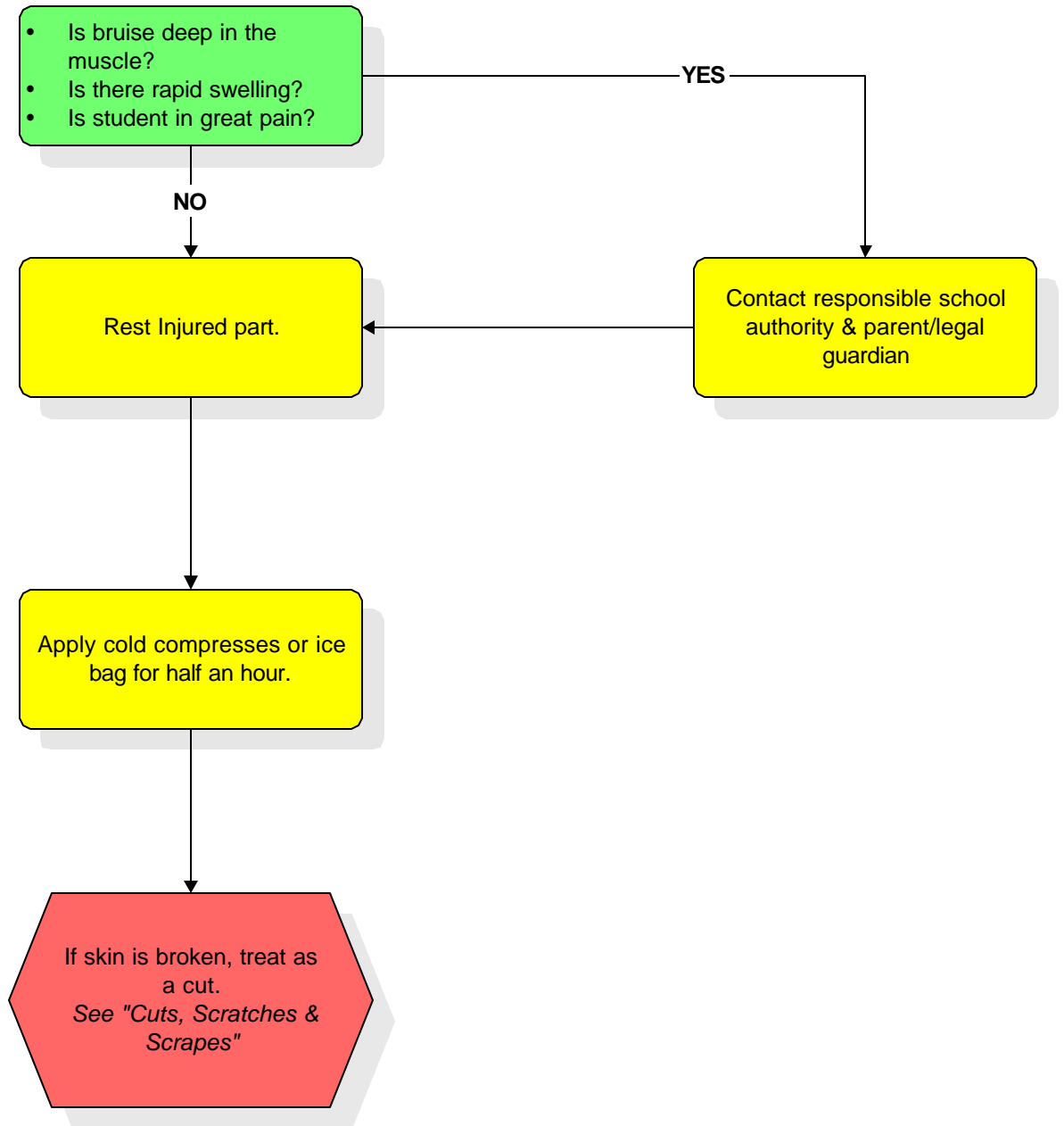
BLEEDING



Blisters (from friction)



BRUISES



BURNS

Burns can be caused by heat, electricity, or chemicals.

Always make sure that the situation is safe for you before helping the student.

What type of burn is it?

ELECTRICAL

CHEMICAL

HEAT

All electrical burns need attention.
(See "Electric Shock")

Flush the burn with cool running water or cover it with a clean, cool, wet cloth.
DO NOT USE ICE.

Wear gloves and if possible, goggles. Remove student's clothing & jewelry if exposed to chemicals. Rinse chemicals off skin, eyes **IMMEDIATELY**, with large amounts of water.

CALL EMERGENCY MEDICAL SERVICES

YES

- Is burn large or deep?
- Is burn on face or eye?
- Is student having difficulty breathing?
- Is student unconscious?

NO

Bandage loosely.

CALL NEAREST POISON CONTROL CENTER & ask for instructions.
The number for the Maine Poison Control Center is:

1-800-442-6305

Check student's immunization record for DT, DPT (tetanus).
See "Tetanus Immunization"

Contact responsible school authority & parent/ legal guardian.

CARDIOPULMONARY RESUSCITATION (CPR)

(FOR INFANTS UNDER ONE YEAR)

CPR is to be used when an infant is unresponsive or when breathing or heart beat stops.

1. Shout for help and send someone to call **EMERGENCY MEDICAL SERVICES (EMS)**,
2. Position the infant on his/her back while supporting the head and neck.
3. Tilt head back & lift chin up and out to open the **AIRWAY**. Look, listen & feel for **BREATH**.
4. If infant is not breathing, seal your lips tightly around his/her mouth and nose.
5. While keeping the airway open, give 2 slow breaths until chest rises.

IF AIR GOES IN:

(Chest rises with rescue breath)

6. Briefly check for a pulse by placing 2 or 3 fingers on the inside of infant's upper arm, between the elbow and the shoulder.

IF THERE IS A PULSE:

7. Give 1 slow breath every 3 seconds for 1 minute (20 breaths). Keep airway open.
8. Call EMS if not already called.
9. Recheck pulse every minute
10. CONTINUE RESCUE BREATHING AS LONG AS PULSE IS PRESENT BUT INFANT IS NOT BREATHING.

IF NO PULSE:

11. Find finger position near center of breastbone. (Make sure fingers are **NOT** over the very bottom of the breastbone.)
12. Compress chest 5 times with 2 or 3 fingers (about ½ to 1 inch).
13. Give 1 slow breath.
14. REPEAT CYCLES OF 5 COMPRESSIONS TO 1 BREATH UNTIL YOU FEEL A PULSE OR HELP ARRIVES.

IF AIR WON'T GO IN:

Chest does *NOT* rise with rescue breath)

6. Retilt head back. Try to give 2 breaths again.

IF AIR GOES IN, FOLLOW LEFT COLUMN.

IF AIRE STILL WON'T GO IN:

7. Position infant face down on your arm, supporting the head.
8. Give up to 5 back blows with heel of hand between infant's shoulder blades.
9. Position infant face up on your forearm.
10. Using 2 or 3 fingers, give up to 5 chest thrusts near center of breastbone. (Make sure fingers are **NOT** over the very bottom of the breastbone.)
11. Lift jaw and tongue. If foreign object is seen, sweep it out with finger.
12. REPEAT STEPS 6-11 UNTIL BREATHS GO IN, INFANTS START TO BREATHE ON OWN OR HELP ARRIVES.

CARDIOPULMONARY RESUSCITATION (CPR)

(FOR CHILDREN OVER ONE YEAR OF AGE)

CPR is to be used when a student is unresponsive or when breathing or heart beat stops.

1. Tap or gently shake the shoulder. Shout “Are you OK?” If child is unresponsive, shout for help and send someone to call **EMERGENCY MEDICAL SERVICES (EMS)**.
2. Turn the child onto his/her back by supporting head and neck. If head or neck injury is suspected, DO NOT BEND OR TURN NECK.
3. Tilt head back and lift chin up & out to open AIRWAY. Look, listen & feel for BREATH.
4. If child is not breathing, seal your lips tightly around his/her mouth; pinch nose shut.
5. Give 2 slow breaths until chest rises.

IF AIR GOES IN:

(Chest rises with rescue breath)

6. Briefly check for a pulse by placing 2-3 fingers on the side of child’s neck, just below chin.

IF THERE IS A PULSE:

7. Give 1 slow breath every 3 seconds for about a minute (20 breaths).
8. Call EMS if not already called.
9. Recheck pulse about every minute.
10. CONTINUE RESCUE BREATHING AS LONG AS PULSE IS PRESENT BUT CHILD IS NOT BREATHING.

IF NO PULSE:

11. Find hand position near center of breastbone. DO NOT PLACE YOUR HAND OVER THE VERY BOTTOM OF THE BREASTBONE.
12. Compress chest 5 times with the heel of **I** hand. (about 1 to 1 ½ inches.)
13. Give 1 slow breath.
14. REPEAT CYCLES OF 5 COMPRESSIONS TO 1 BREATH UNTIL YOU FEEL A PULSE OR HELP ARRIVES.

IF AIR WON’T GO IN:

(Chest does I NOT rise with rescue breath)

6. Retilt head back. Try to give 2 breaths again.

IF AIR GOES IN, FOLLOW LEFT COLUMN.

IF AIR STILL WON’T GO IN:

7. Place heel of **I** hand on the student’s stomach above the middle of the navel and below the rib cage. Place the second hand on top of the first.
8. Give up to 5 abdominal thrusts in an inward and upward motion.
9. Lift jaw and tongue. If foreign object is seen, sweep it out with finger. Do **NOT** perform a blind mouth sweep.
10. REPEAT STEPS 6-9 UNTIL BREATHS GO IN, STUDENT STARTS TO BREATHE ON OWN OR HELP ARRIVES.

CARDIOPULMONARY RESUSCITATION (CPR)

(FOR ADULTS)

CPR is to be used when a student is unresponsive or when breathing or heart beat stops.

1. Tap or gently shake the shoulder. Shout "Are you OK?" If child is unresponsive, shout for help and send someone to call **EMERGENCY MEDICAL SERVICES (EMS)**.
2. Turn the child onto his/her back by supporting head and neck. If head or neck injury is suspected, DO NOT BEND OR TURN NECK.
3. Tilt head back and lift chin up & out to open AIRWAY. Look, listen & feel for BREATH.
4. If child is not breathing, seal your lips tightly around his/her mouth; pinch nose shut.
5. Give 2 slow breaths until chest rises.

IF AIR GOES IN:

(Chest rises with rescue breath)

6. Briefly check for a pulse by placing 2 or 3 fingers on the side of the neck, just below the chin.

IF THERE IS A PULSE:

7. Give 1 slow breath every 5 seconds for about a minute (about 12 breaths).
8. Recheck pulse about every minute.
9. CONTINUE RESCUE BREATHING AS LONG AS PULSE IS PRESENT BUT PERSON IS NOT BREATHING.

IF NO PULSE:

10. Find hand position near the lower part of the breast bone BUT, DO NOT PLACE YOUR HAND OVER THE VERY BOTTOM OF THE BREASTBONE. Position shoulders over hands.
11. Compress chest 15 times with both hands. (about 1 ½ to 2 inches.)
12. Give 2 slow breaths.
13. REPEAT CYCLES OF 15 COMPRESSIONS TO 2 BREATHS UNTIL YOU FEEL A PULSE OR HELP ARRIVES.

IF AIR WON'T GO IN:

(Chest does *NOT* rise with rescue breath)

6. Retilt head back. Try to give 2 breaths again.

IF AIR GOES IN, FOLLOW LEFT COLUMN.

IF AIR STILL WON'T GO IN:

7. Place heel of *I* hand on the person's stomach above the middle of the navel and below the rib cage. Place the second hand on top of the first.
8. Give up to 5 abdominal thrusts in an inward and upward motion.
9. Lift jaw and tongue. Look into mouth for foreign body. Sweep mouth deeply with a hooked finger to remove foreign body.
10. REPEAT STEPS 6-9 UNTIL BREATHS GO IN, PERSON STARTS TO BREATHE ON OWN OR HELP ARRIVES.

CHOKING

Call 911 or activate EMS starting rescue efforts

INFANTS UNDER ONE YEAR

Begin the following if the infant is choking and is unable to breathe. However, if the infant is coughing, crying, or speaking, DO NOT do any of the following, but call EMS, try to calm the child and watch for worsening of symptoms.

1. Position the infant face down on your arm supporting the head.
2. Give up to 5 back blows with the heel of hand between infants shoulder blades.
3. Position infant face up on your forearm.
4. Give up to 5 chest thrusts near center of breastbone.
5. Lift jaw and tongue. If foreign object is seen, sweep it out with finger.
6. Tilt head back. Try to give 2 breaths.

Repeat steps 1-4 until object is coughed up or infant starts to breathe or becomes unconscious.

IF INFANT BECOMES UNCONSCIOUS: GO TO STEP 6 OF INFANT CPR IN RIGHT COLUMN.

CHILDREN OVER ONE YEAR OF AGE & ADULTS

Begin the following if the child is choking and unable to breathe. However, if the child is coughing, crying or speaking, DO NOT do any of the following, but call EMS, try to calm the child and watch for worsening of symptoms.

1. Place thumb side of fist against middle of abdomen just above the navel. Grasp fist with other hand.
2. Give up to 5 quick upward thrusts.

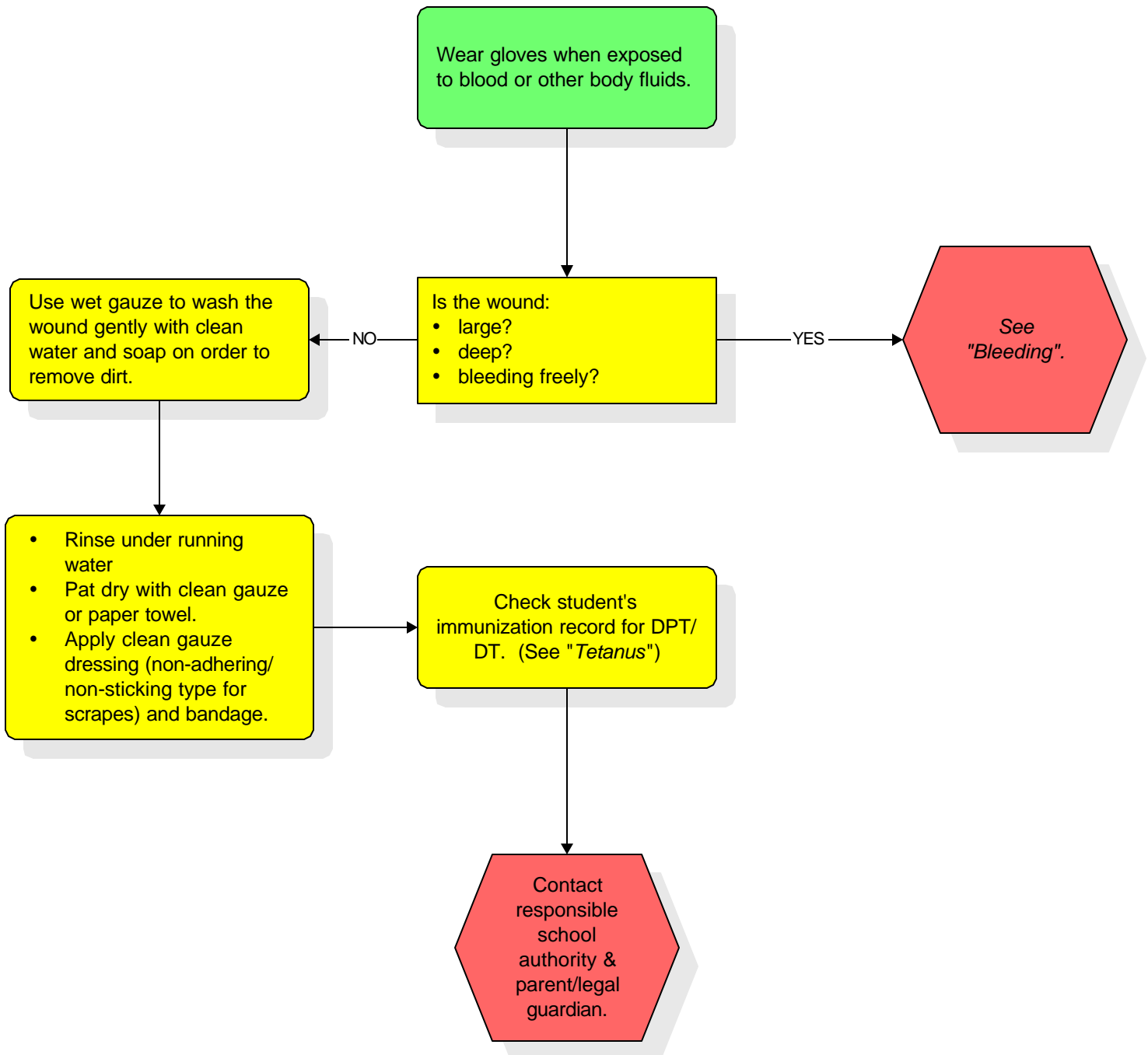
Repeat steps 1-2 until object is coughed up, or until child starts to breathe or becomes unconscious.

IF CHILD BECOMES UNCONSCIOUS PLACE ON BACK GO TO STEP 6 OF CHILD OR ADULT CPR IN RIGHT COLUMN.

FOR OBESE OR PREGNANT PERSONS:

Stand behind person and place your arms under the armpits to encircle the chest. Press with quick backward thrusts.

CUTS (Small), SCRATCHES & SCRAPES (Including Rope and Floor Burns)



A student with diabetes should be known to all school staff. A history should be obtained and a health plan should be developed at time of enrollment

DIABETES

A student with diabetes could have the following symptoms:

- Irritability and feeling upset
- Change in personality
- Sweating and feeling "shaky"
- Loss of consciousness
- Confusion
- Rapid, deep breathing
- Seizure
- Listlessness
- Cramping
- Dizziness
- Paleness
- Rapid pulse
- Vomiting

Is the student:

- Unconscious?
- Having a seizure?
- Unable to speak?
- Vomiting?

YES

**CALL
EMERGENCY
MEDICAL
SERVICES**

NO

If available, follow student's health or emergency care plan.

Contact responsible school authority & parent/ legal guardian.

Give the student "SUGAR" such as:

- Fruit juice or soda pop (not diet) 6 - 8 ounces
- Hard candy (6-7 lifesavers) or 1/2 candy bar.
- Cake decorating gel or icing (1/2 tube)
- Instant glucose

The student should begin to improve within 10 minutes. Continue to watch the student in a quiet place.

NO

Does the student have a blood sugar monitor available?

YES

Allow student to check blood sugar.

Is blood sugar **less than 60** or "**LOW**" according to individual care plan?
OR
Is blood sugar "**HIGH**" according to individual care plan?

LOW

HIGH

Contact responsible school authority & parent/ legal guardian.

CALL EMERGENCY MEDICAL SERVICES

DIARRHEA

A student may come to the office because of repeated diarrhea, or after an "accident" in the bathroom.

- Allow the student to rest if experiencing any stomach pain.
- Give the student water to drink.

Contact responsible school authority & parent/legal guardian and urge medical care if:

- the student has continued diarrhea. (3 or more times).
- the student has a fever. (*See Fever*)
- blood is present in the stool.
- the student is dizzy and pale.
- the student has severe stomach pain.

If the student's clothing is soiled, wear gloves and double-bag the clothing to be sent home. Wash hands thoroughly.

EARS

DRAINAGE FROM EAR



EARACHE



OBJECT IN EAR CANAL



ELECTRIC SHOCK

If no one else is available to call EMS, perform CPR first for one minute, and then call EMS yourself

- **TURN OFF POWER SOURCE, IF POSSIBLE.**
- **DO NOT TOUCH STUDENT UNTIL POWER SOURCE IS SHUT OFF.**
- Once power is off and situation is safe, approach the student and ask "Are you okay?"

Send someone to
CALL EMERGENCY MEDICAL SERVICES.

YES

Is student unconscious or unresponsive?

Check breathing. Look, listen and feel for breath. If student is not breathing, give rescue breathing. See "CPR".

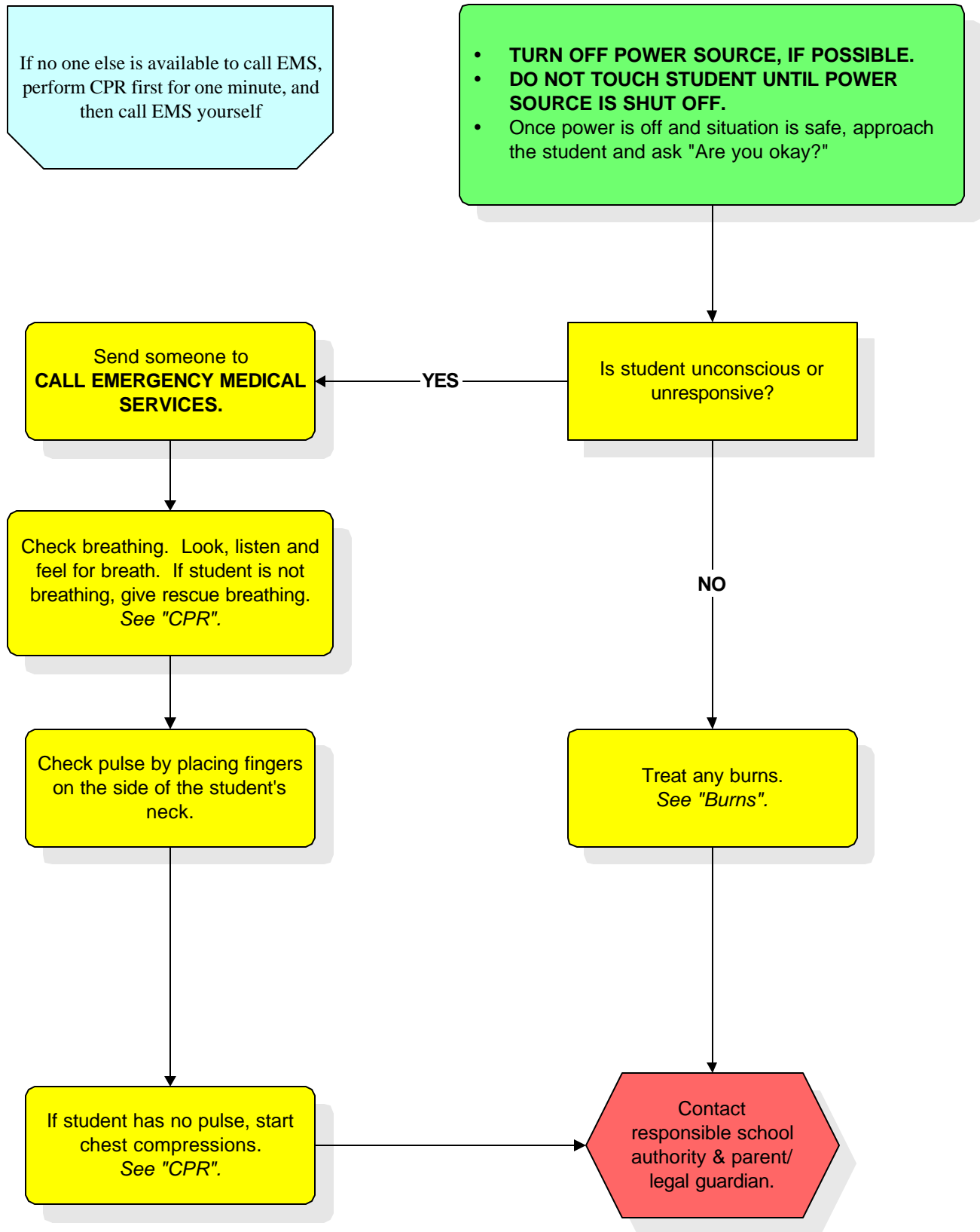
Check pulse by placing fingers on the side of the student's neck.

If student has no pulse, start chest compressions. See "CPR".

NO

Treat any burns. See "Burns".

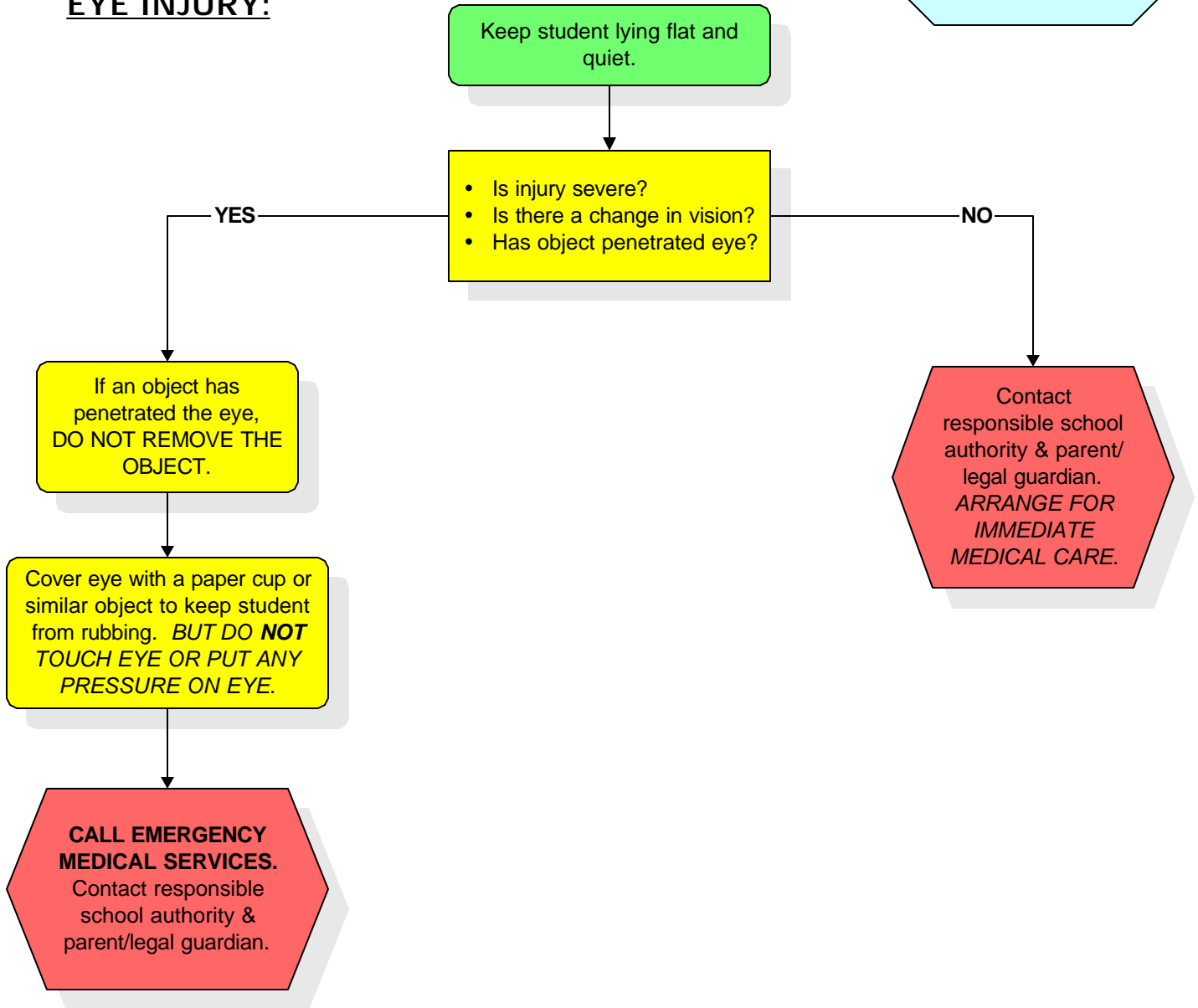
Contact responsible school authority & parent/legal guardian.



EYES

With any eye problem, ask the student if he/she wears contact lenses. Have student remove contacts before giving any first-aid to eye.

EYE INJURY:

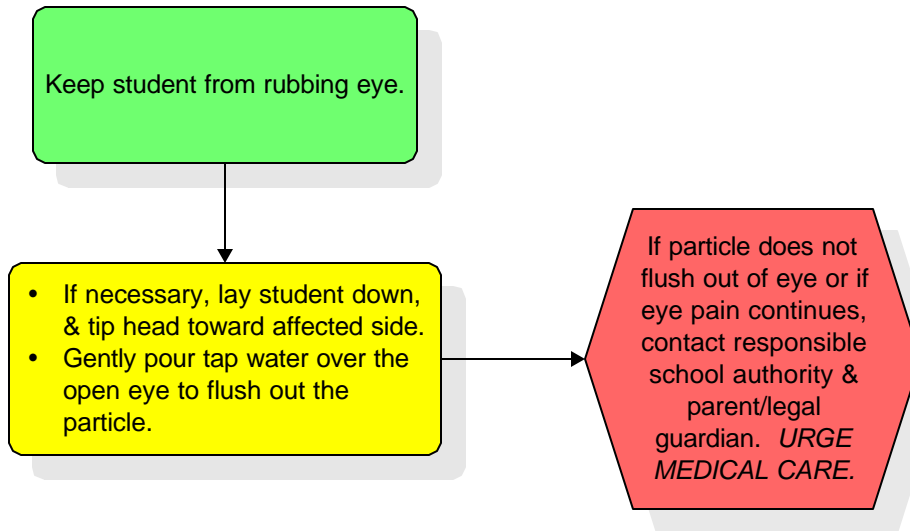


"EYES" continued on next page

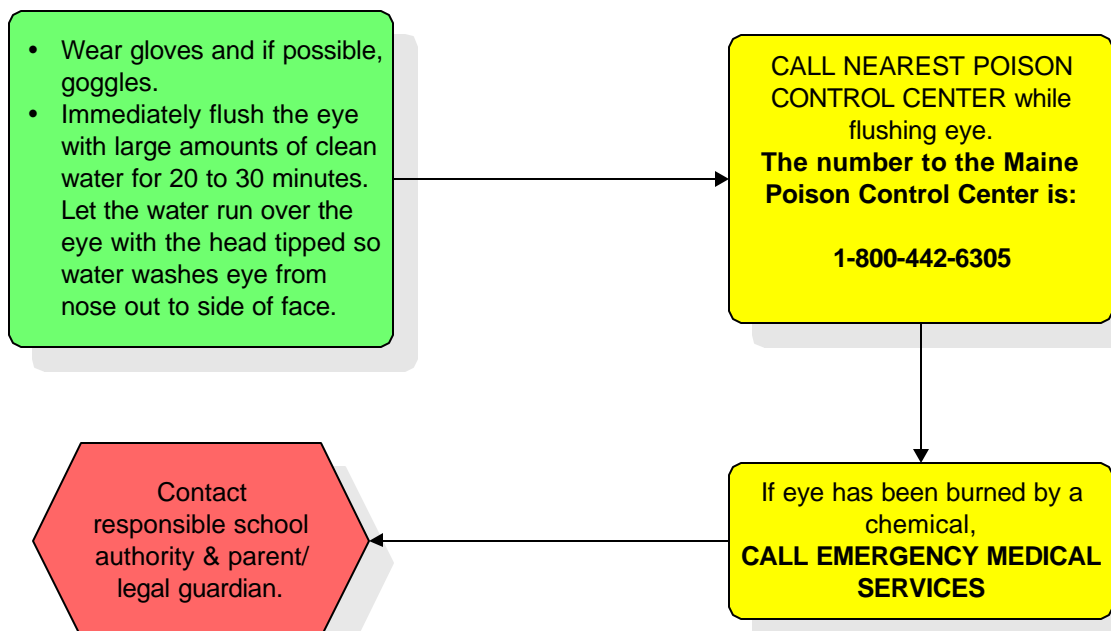
EYES

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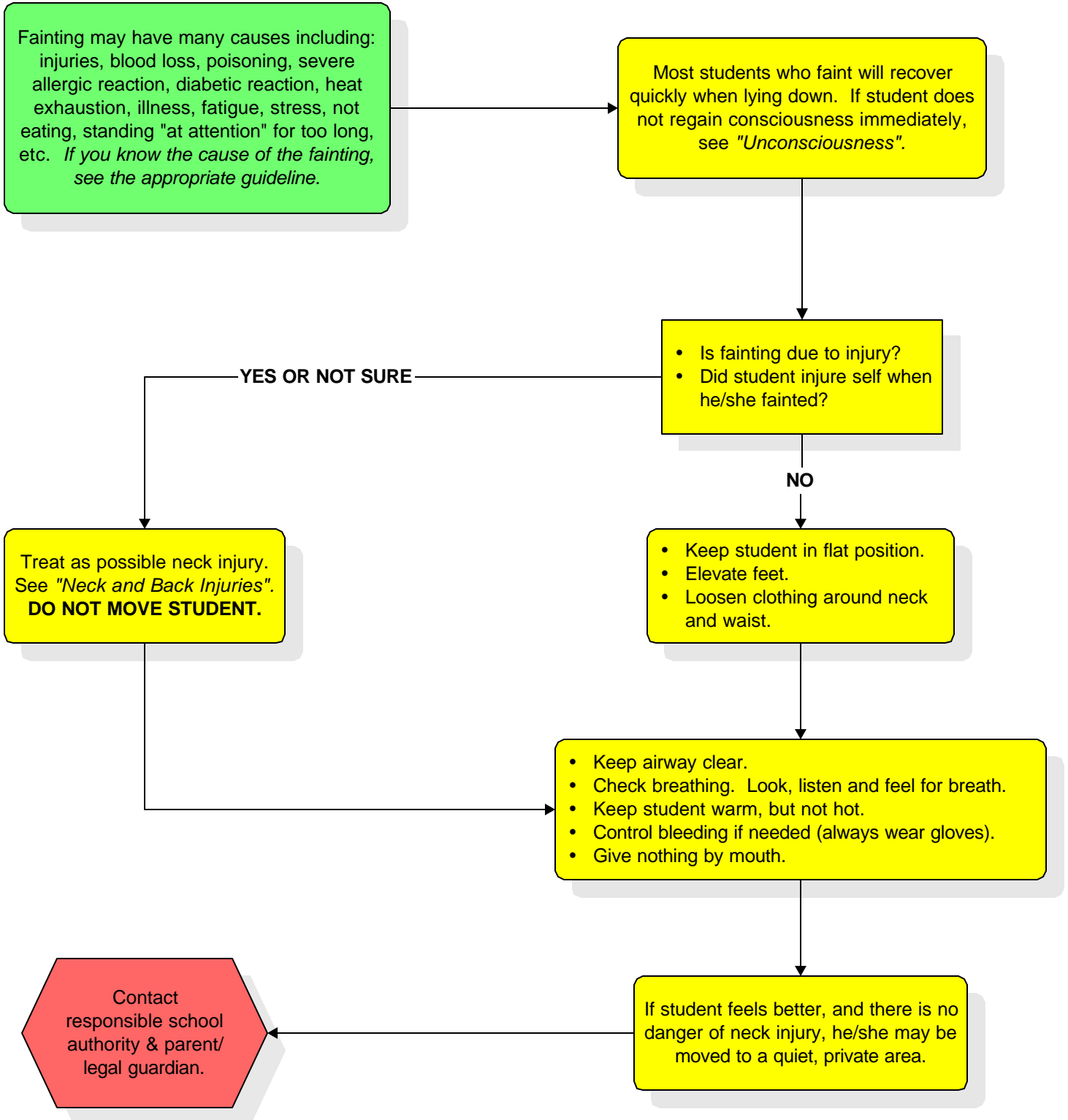
PARTICLE IN EYE:



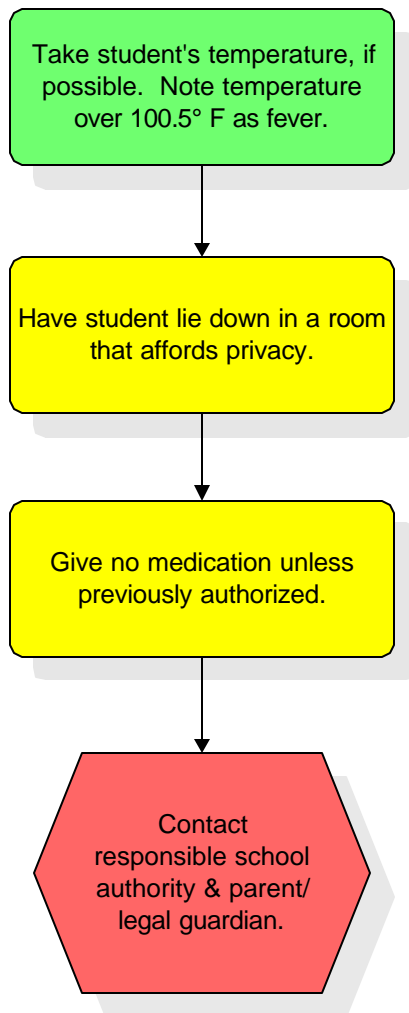
CHEMICALS IN EYE:



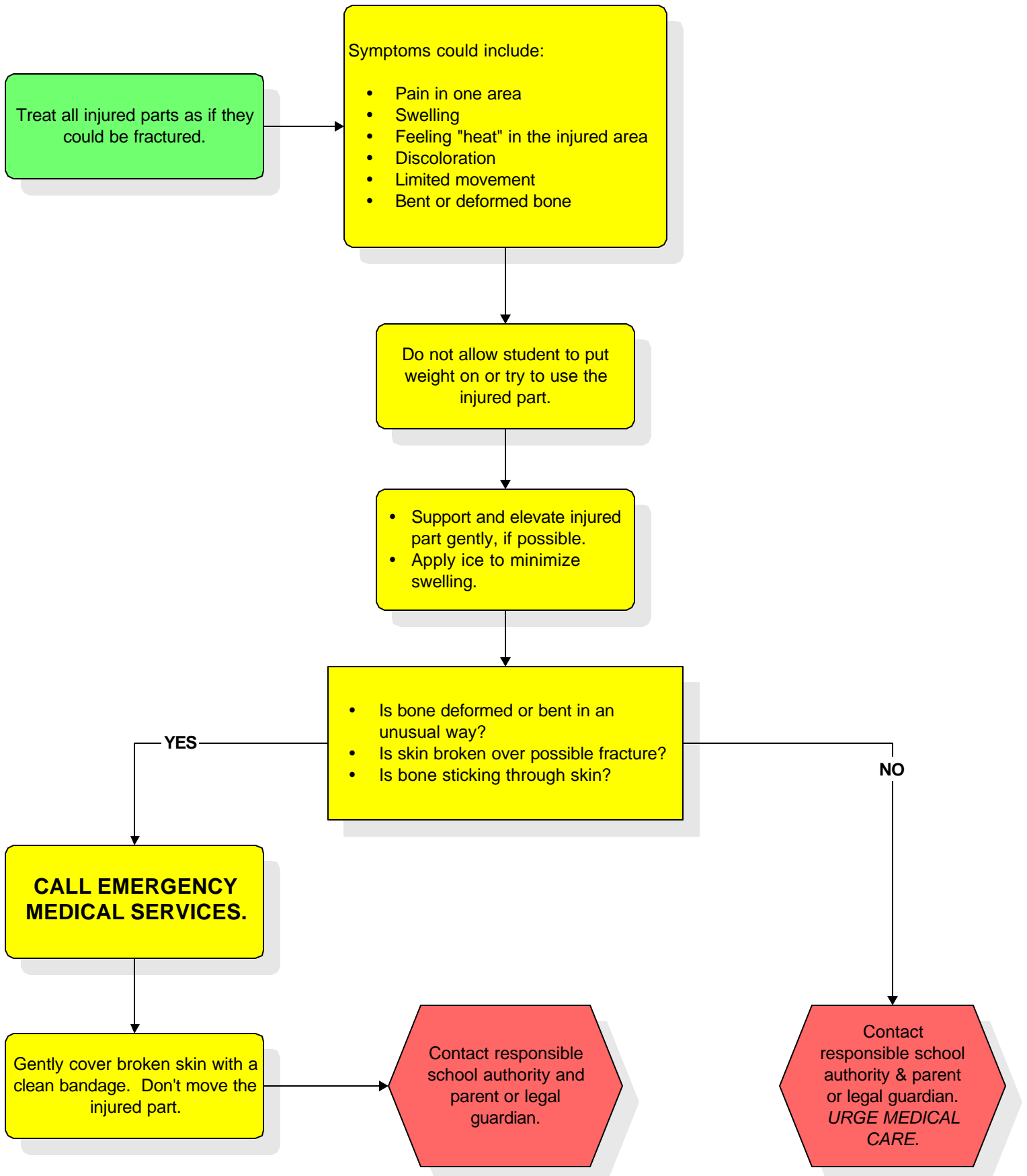
FAINTING



FEVER & NOT FEELING WELL



FRACTURES, DISLOCATIONS, SPRAINS OR STRAINS



Exposure to cold environments even for short periods of time can cause hypothermia. Fingers, toes, nose and ears are particularly prone to frostbite.

FROSTBITE

Symptoms may include:

- Loss of sensation
- Discoloration of skin
- Grayish - yellow
- Pale - soft white.

Deep frostbite may see:

- Discolored
- White or waxy
- Feels firm - hard (frozen)

Remove student from cold environment. Protect cold extremity/part from further injury. **DO NOT** rub or massage cold extremity/part. Cover part with dry clothing or blanket.

Does the student have:

- Loss of sensation?
- Discoloration of skin - grayish, white, pale, waxy?
- Part feels firm - hard (frozen)?

YES

If student has any of these signs, continue to keep part warm and dry. **DO NOT** rub.

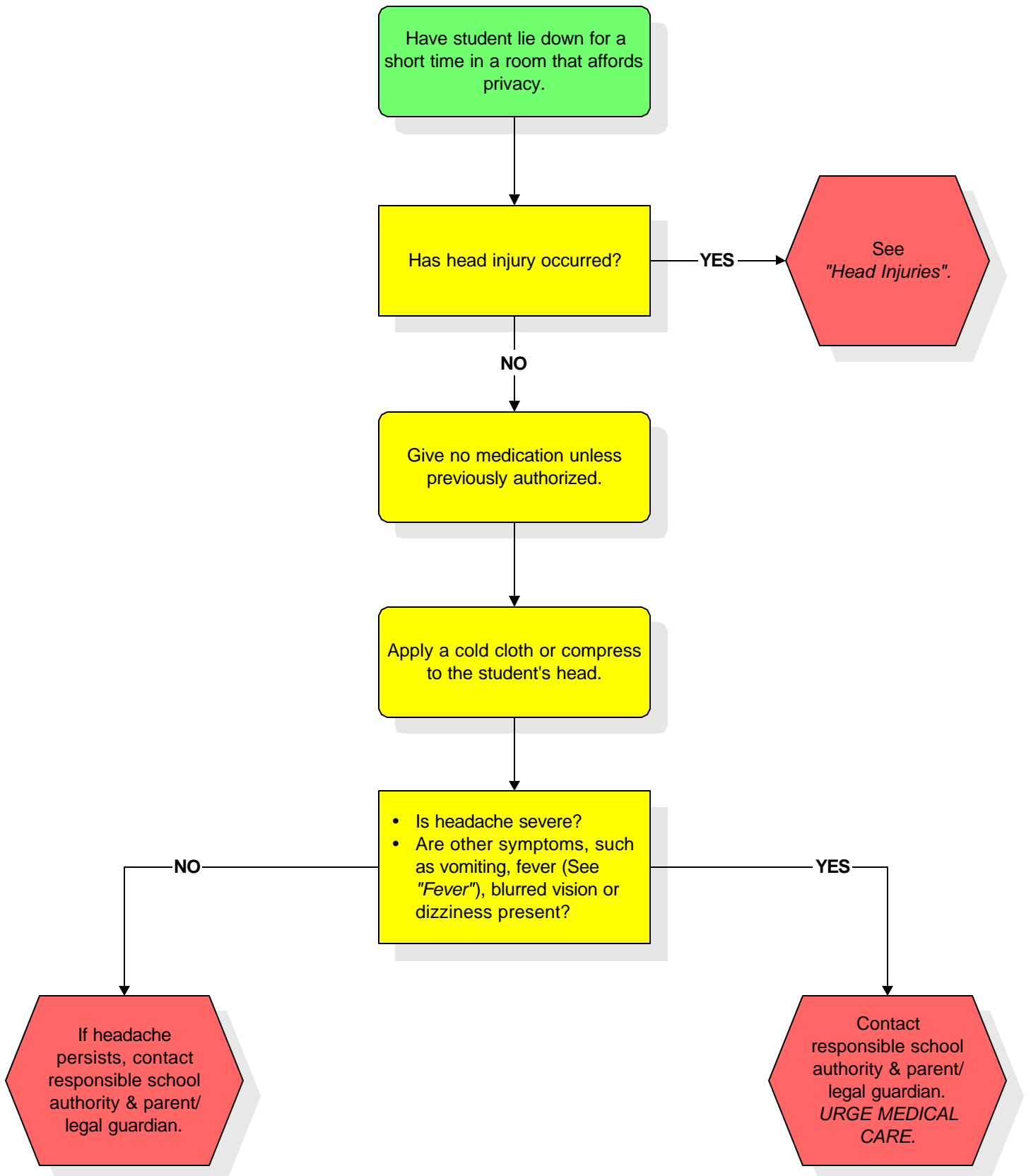
CALL EMERGENCY MEDICAL SERVICES

NO

Continue to warm student and part. **DO NOT** rub.

Contact responsible school authority & parent/ legal guardian.
URGE MEDICAL CARE.

HEADACHE



HEAD INJURIES

Many head injuries that happen at school are minor. Head wounds may bleed easily and form large bumps. Bumps to the head may not be serious. Head injuries from falls, sports & violence may be serious. If head is bleeding, see "*Bleeding*".

If student *only* bumped head and does not have any other complaints or symptoms, see "*Bruises*".

- Have student rest, lying flat.
- Keep student quiet and warm.

With a head injury (other than a head bump), always suspect neck injury as well. Do **NOT** move or twist the spine or neck. See "*Neck & Back Injuries*" for more information.

Is student vomiting?

YES

NO

Turn the head and body together to the side, keeping the head and neck in a straight line with the trunk.

Watch student closely. **DO NOT LEAVE THE STUDENT ALONE.**

Are any of the following symptoms present:

- Unconsciousness?
- Seizure?
- Neck pain?
- Student is unable to respond to simple commands?
- Blood or watery fluid in the ears?
- Student is unable to move or feel arms or legs?
- Blood is flowing freely from the head?
- Student is sleepy or confused?

CALL EMERGENCY MEDICAL SERVICES

YES

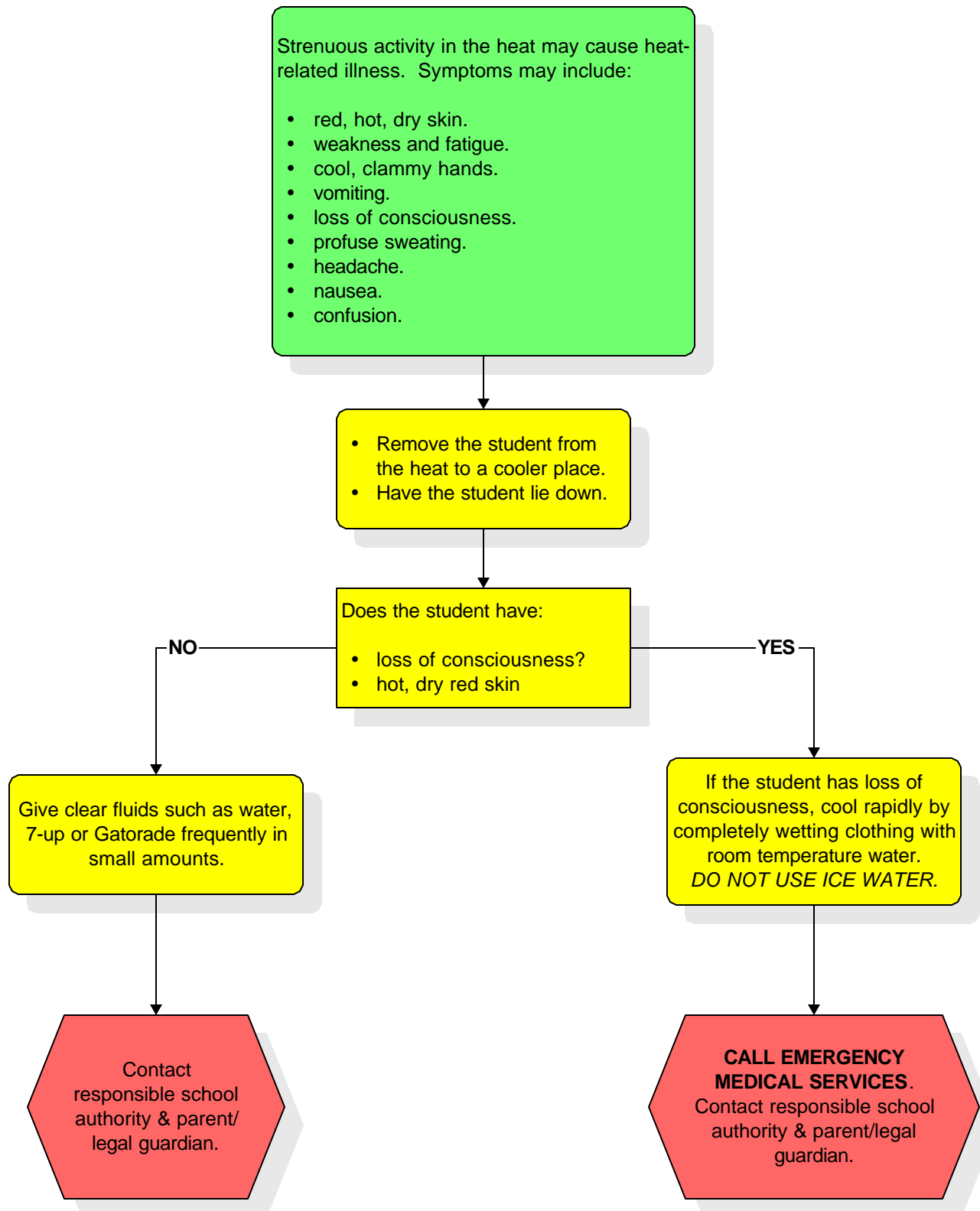
Check for breathing. Look, listen & feel for breath. If student stops breathing, give rescue breaths. See "*CPR*".

Give nothing by mouth. Contact responsible school authority & parent/legal guardian.

NO

Even if student was only briefly confused and seems fully recovered, contact responsible school authority & parent/legal guardian. **URGE MEDICAL CARE.** Watch for delayed symptoms.

HEAT STROKE/HEAT EXHAUSTION



HYPOTHERMIA

Exposure to cold environments even for short periods of time can cause hypothermia.

Symptoms may include:

- Shivering
- Slurred speech
- Disoriented speech
- Whitish or grayish skin color
- Body temperature below 35° C.

Remove student from the cold.
Protect from further heat loss.
Remove wet clothing and cover with blanket.

Does student have:

- Loss of consciousness?
- Slurred or disoriented speech?
- White, grayish or blue skin?

YES

If student has any of these signs, continue to keep student warm with blankets

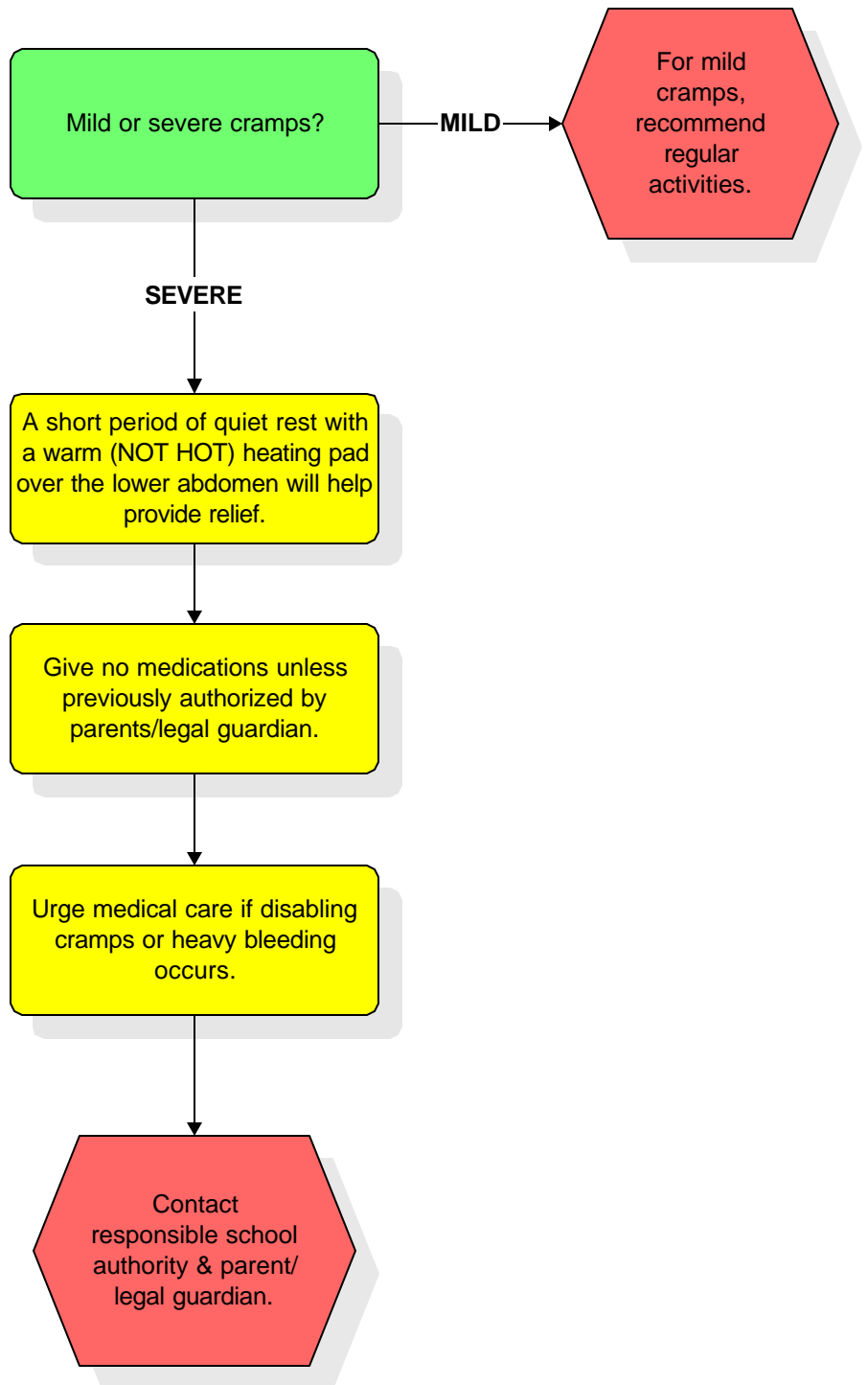
CALL EMERGENCY MEDICAL SERVICES

NO

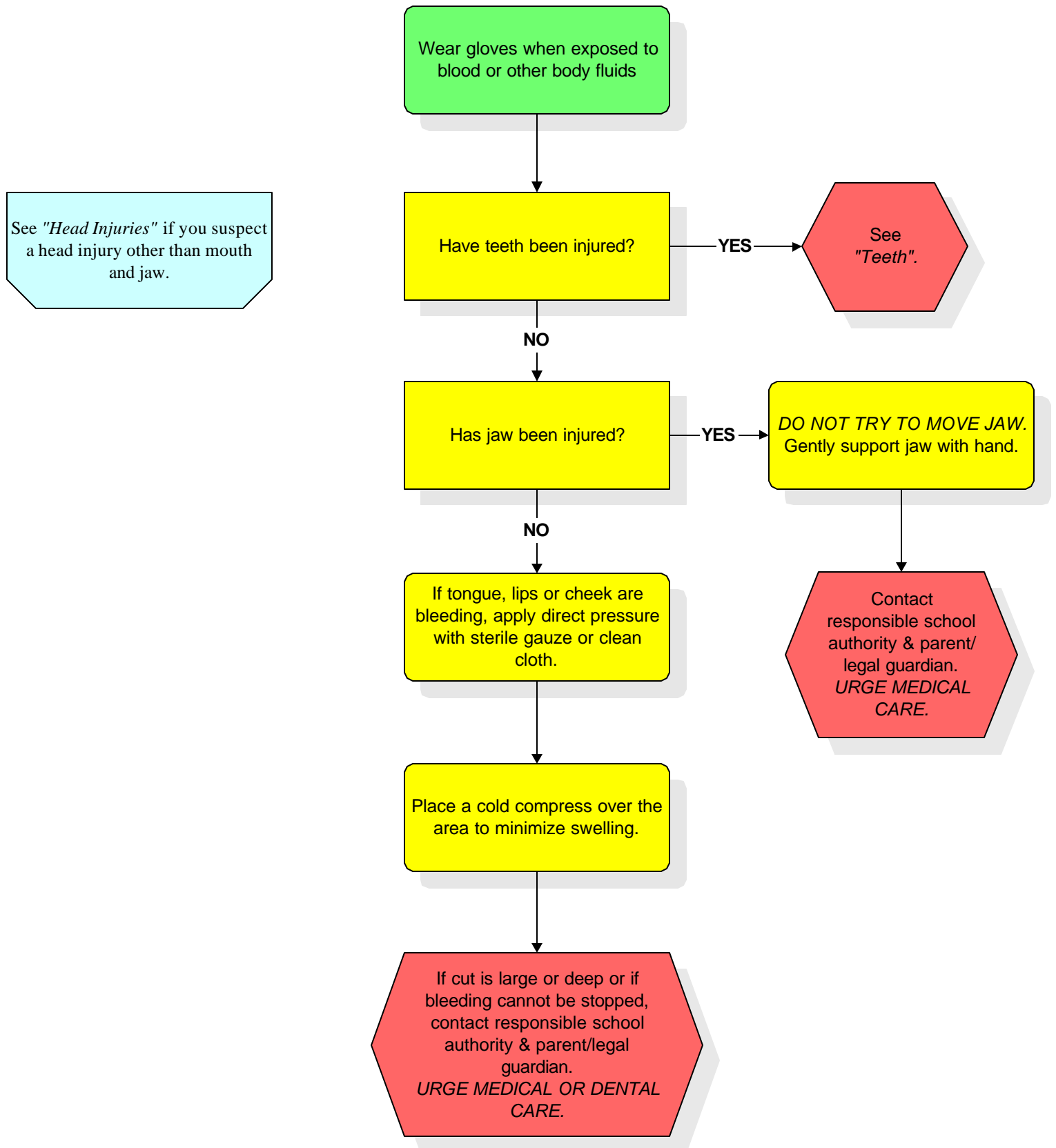
Continue to warm student with blankets and increase room temperature.

Contact responsible school authority & parent/ legal guardian.
ENCOURAGE MEDICAL CARE.

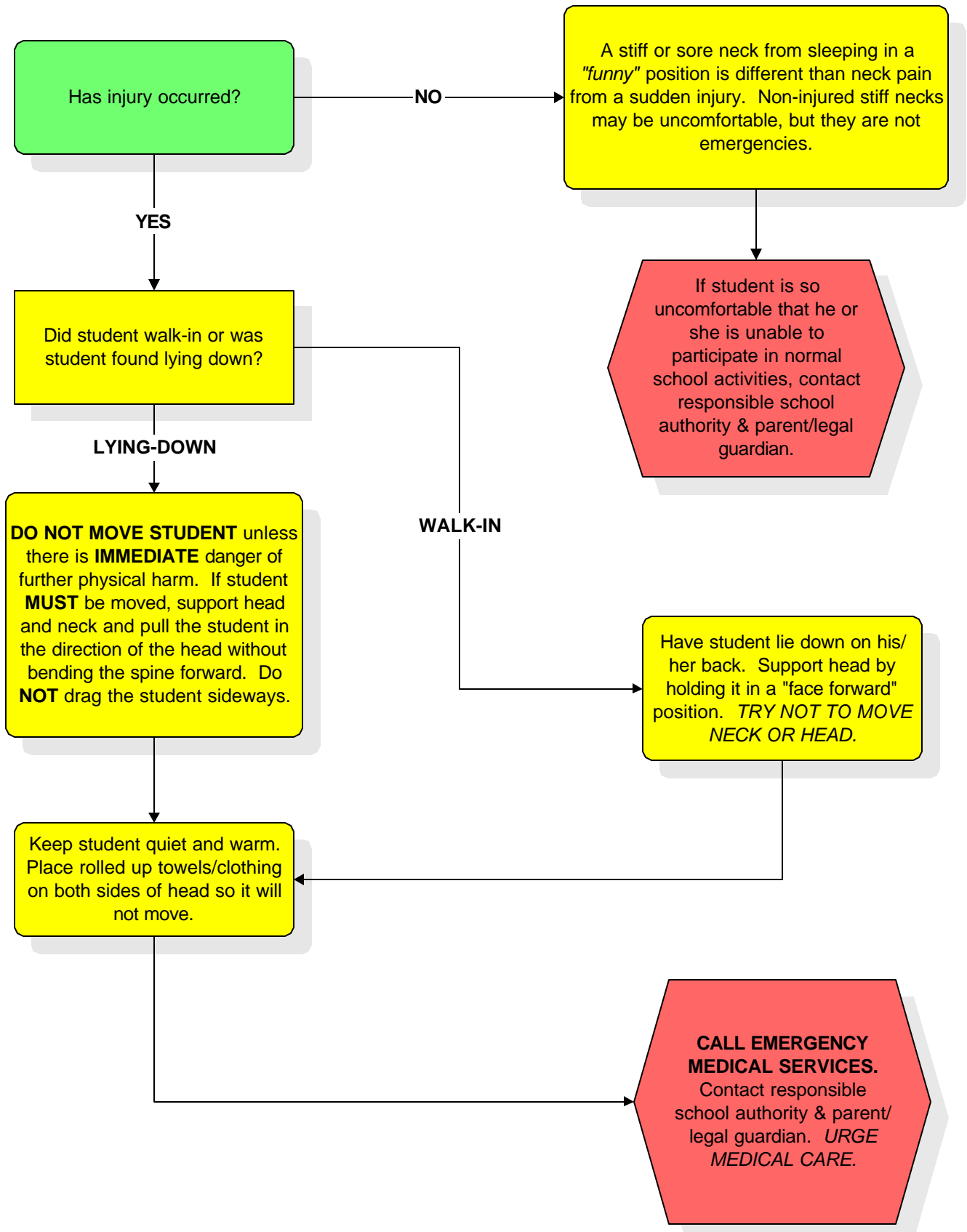
MENSTRUAL DIFFICULTIES



MOUTH & JAW INJURIES

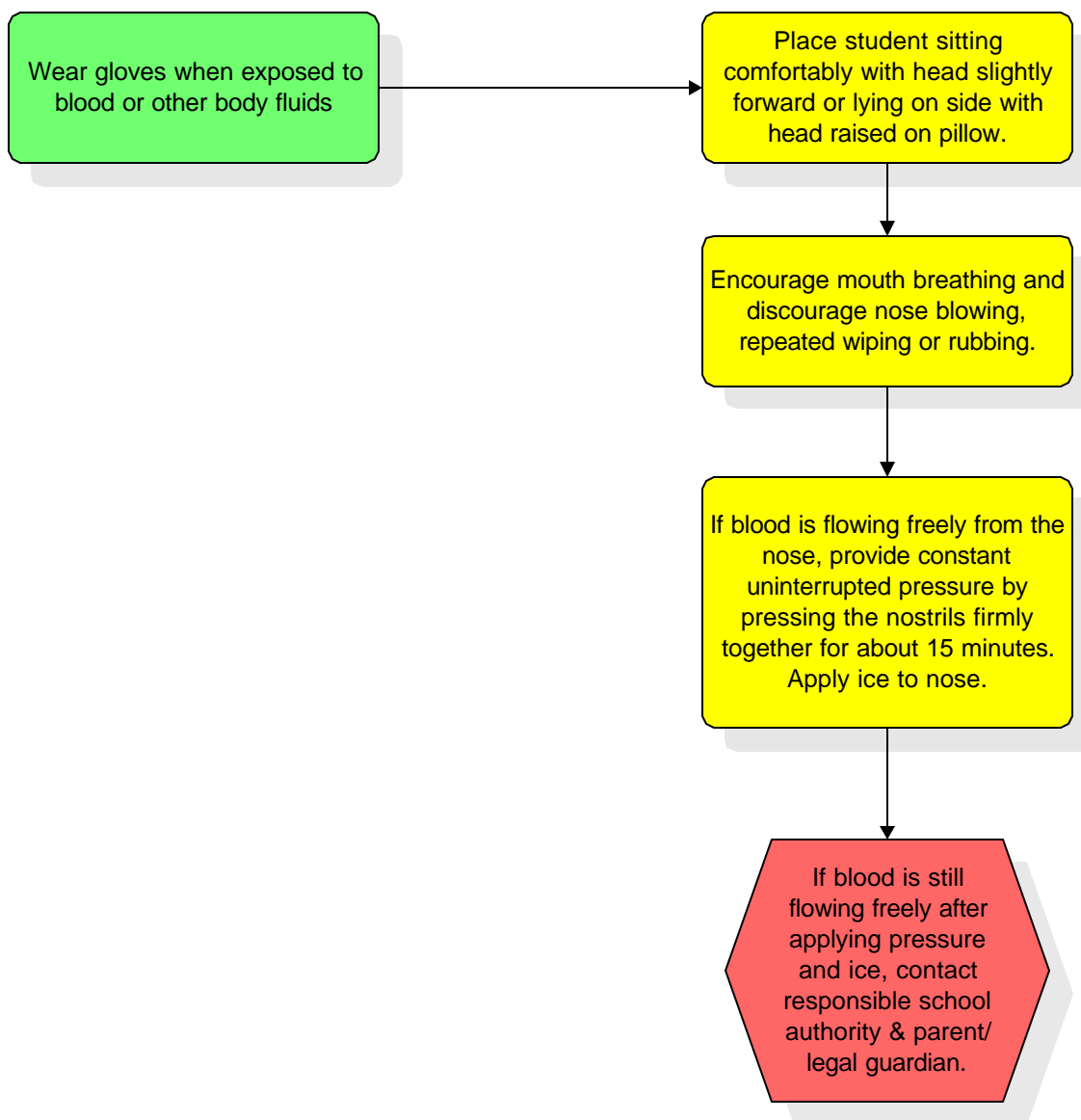


NECK & BACK INJURIES

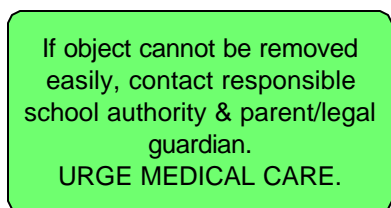


NOSE

NOSEBLEED



OBJECT IN NOSE



POISONING & OVERDOSE

Poisons can be swallowed, inhaled, absorbed through the skin or eyes, or injected. Call Poison Control when you suspect poisoning from:

- medicines.
- insect bites and stings.
- snake bites.
- plants.
- chemicals/cleaners.
- drugs/alcohol.
- food poisoning.
- or, if you are not sure.

Possible warning signs of poisoning include:

- pills, berries or other unknown substance in the student's mouth.
- burns around the mouth or on skin.
- strange odor on breath.
- sweating.
- upset stomach or vomiting.
- dizziness or fainting
- seizures or convulsions.

If possible, find out:

- age and weight of student.
- what the student swallowed or what type of "poison" it was.
- how much & when it was taken.

CALL NEAREST POISON CONTROL CENTER, & ask for instructions. ***The Maine Poison Control Center number is.***

1-800-442-6305

Do **NOT** induce vomiting **UNLESS** you are instructed to by poison control.

CALL EMERGENCY MEDICAL SERVICES.

Contact responsible school authority and parent/legal guardian.

Send sample of the vomited material, and the ingested material in its container (if possible), to the hospital with the student.

PREGNANCY

School staff should be made aware of any pregnant students. *Keep in mind that any student who is old enough to be pregnant, might be pregnant.*

Pregnancy may be complicated by any of the following:

Morning Sickness:

Treat as vomiting (See "Vomiting"). If severe, contact responsible school authority & parent/legal guardian.

Severe Cramps (Labor):

Short, mild cramps in a near term student may be normal. If NOT near term or if you don't know, contact responsible school authority & parent/legal guardian.

Vaginal Bleeding:

Contact responsible school authority & parent/legal guardian. URGE IMMEDIATE MEDICAL CARE.

Seizure:

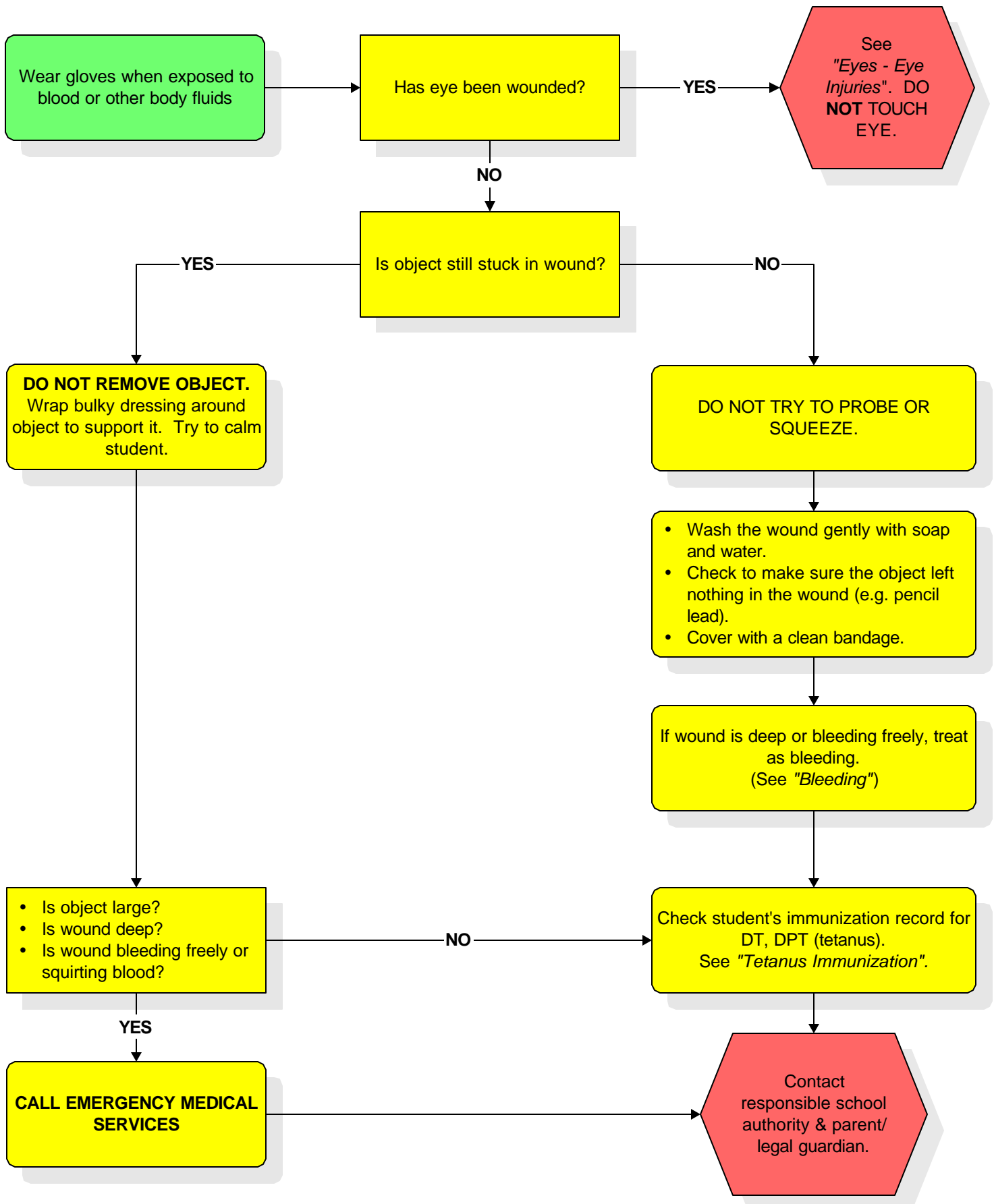
This may be a serious complication of pregnancy.

CALL EMERGENCY MEDICAL SERVICES.

Amniotic Fluid Leakage:

This is **NOT** normal and may indicate the beginning of labor. Contact responsible school authority and parent/legal guardian.

PUNCTURE WOUNDS



Rashes may have many causes including heat, infection, illness, reaction to medications, allergic reactions, insect bites, dry skin or skin irritations.

RASHES

Some rashes may be contagious (*pass from one person to another*). Wear gloves to protect self when in contact with any rash.

Rashes include such things as:

- hives.
- red spots (large or small).
- purple spots.
- small blisters.

Other symptoms may indicate whether the student needs medical care. Does the student have:

- loss of consciousness?
- difficulty breathing or swallowing?
- purple spots?

YES

CALL EMERGENCY MEDICAL SERVICES

Contact responsible school authority & parent/legal guardian.

See
"Allergic
Reaction".

NO

If the following symptoms are present, contact responsible school authority & parent/legal guardian. **URGE MEDICAL CARE.**

- Fever
- Headache
- Diarrhea
- Sore throat
- Vomiting
- Rash is bright red and sore to touch
- Rash (hives) is all over body.
- Student is so uncomfortable (e.g. itchy, sore, feels ill) that he/she is not able to participate in school activities

SEIZURES

A student with a history of seizures should be known to all teachers. A detailed description of the onset, type, duration and after effects of the seizures should be taken and kept available at all times.

Seizures may be from any of the following:

- Episodes of staring with loss of eye contact.
- Staring involving twitching of the arm and leg muscles.
- Generalized jerking movements of the arms and legs.
- Unusual behavior for that person (e.g. running, belligerence, making strange sounds, etc).

If available, refer to student's health or emergency care plan.

Observe details for parent/legal guardian, emergency personnel or physician. Note:

- duration.
- kind of body movement or behavior.
- body parts involved
- loss of consciousness, etc.

- If student seems off balance, place him/her on the floor (on a mat) for observation and safety.
- **DO NOT RESTRAIN MOVEMENTS.**
- Move surrounding objects to avoid injury
- **DO NOT PLACE ANYTHING BETWEEN THE TEETH** or give anything by mouth.

Is:

- student having a seizure lasting longer than **5 minutes?**
- student having seizures following one another at short intervals?
- student *without a known history of seizures*, having a seizure?

NO

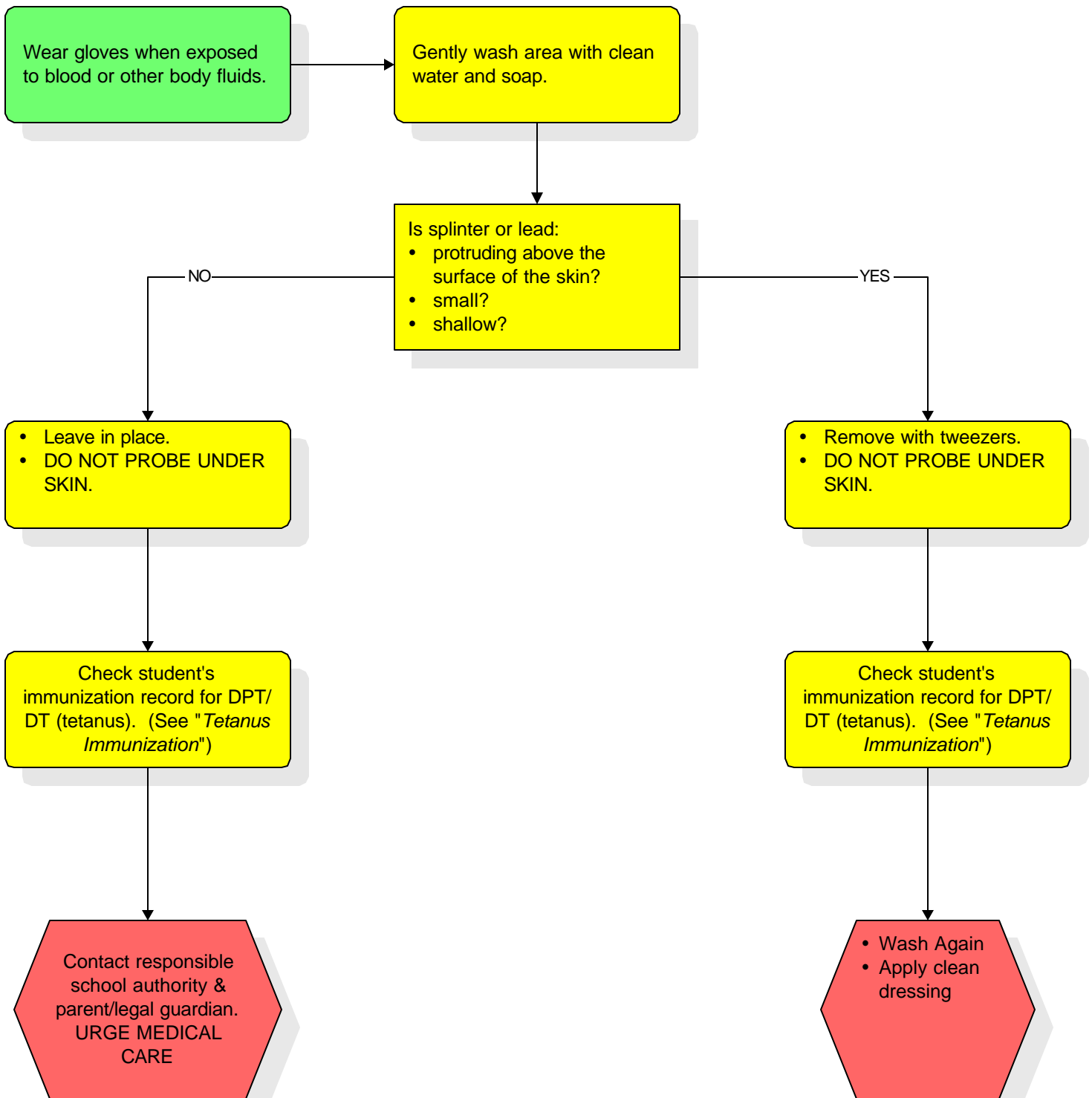
After seizure, keep airway clear by placing student on his/her side. A pillow should not be used.

YES

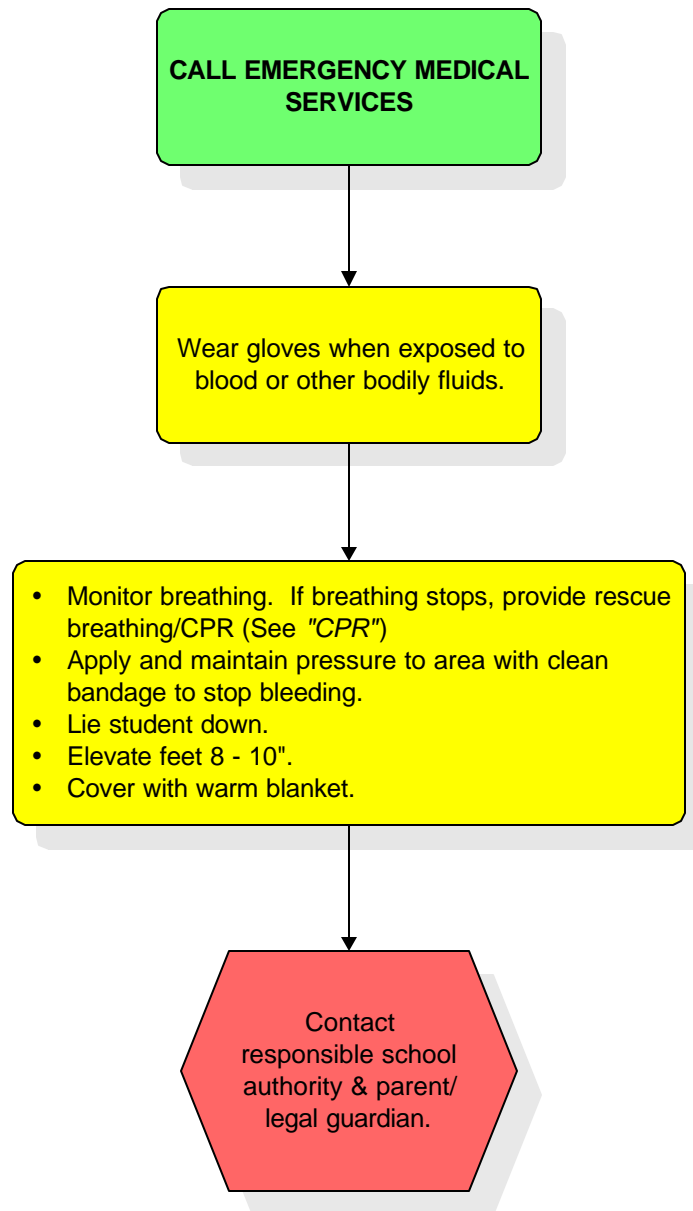
CALL EMERGENCY MEDICAL SERVICES.
Contact responsible school authority & parent/legal guardian.

Seizures are often followed by sleep. The student may also be confused. This may last from 15 minutes to any hour or more. After the sleeping period, the student should be encouraged to participate in normal class activities.

SPLINTERS OR EMBEDDED PENCIL LEAD



STABBING & GUNSHOT INJURIES



STINGS

Students with a history of allergy to stings should be known to all school staff. An emergency care plan should be developed.

Does the student have:

- difficulty breathing?
- a rapidly expanding area of swelling, especially of the lips, mouth or tongue?
- a history of allergy to stings?

NO

YES

A student may have a delayed allergic reaction up to **2 hours** after the sting. Adult(s) supervising student during normal activities should be aware of the sting and should watch for any delayed reaction.

CALL EMERGENCY MEDICAL SERVICES.

Contact responsible school authority and parent or legal guardian.

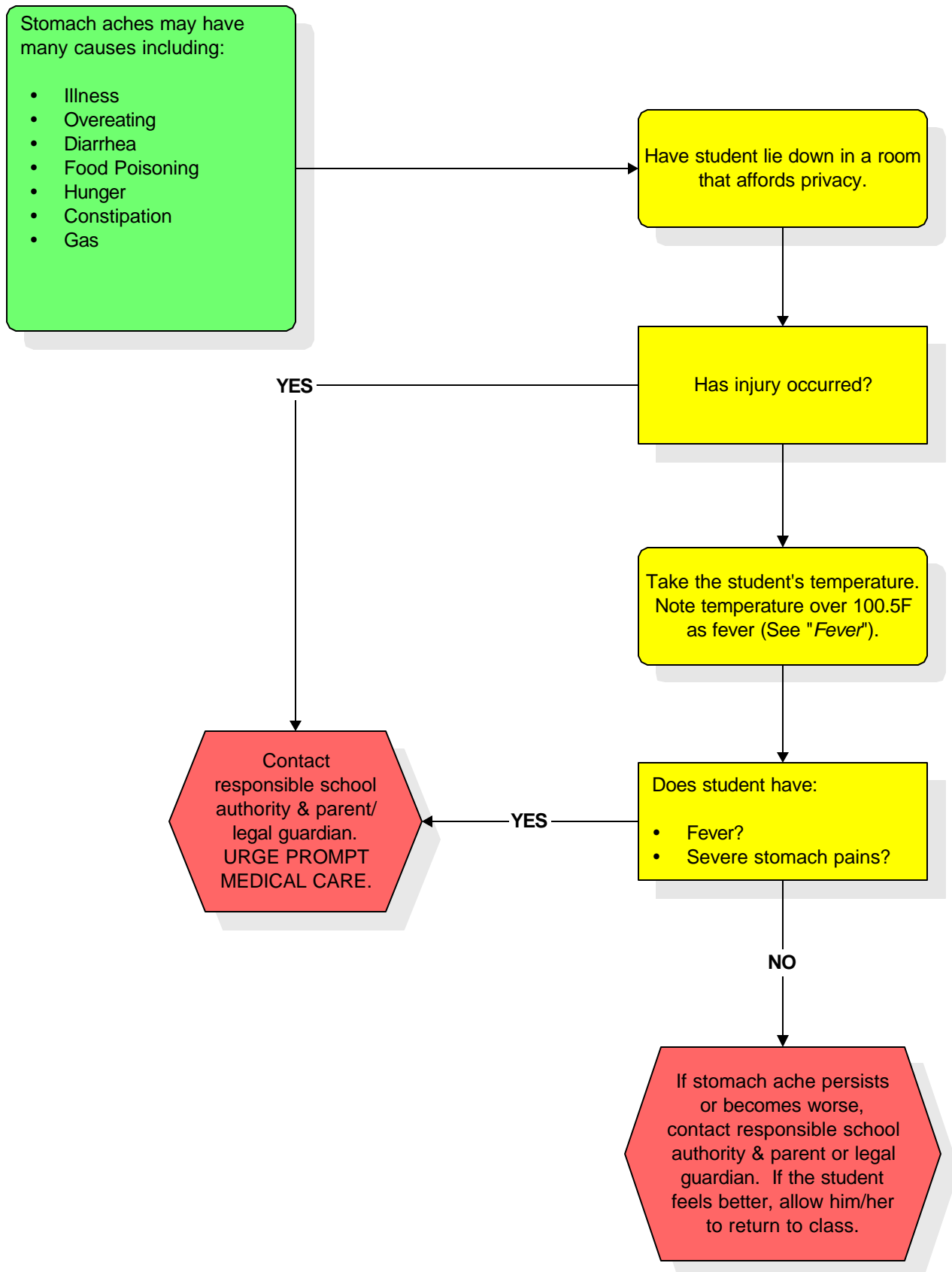
If available, follow student's emergency care plan.

If available, administer guardian-approved medications.

To remove stinger(if present) scrape area with a card.
DO NOT SQUEEZE.
Apply cold compress.

See "*Allergic Reaction*".

STOMACH ACHES/PAIN



TEETH

BLEEDING GUMS

- Generally related to chronic infection.
- Presents some threat to student's general health.

No first aid in school will be of significant value. **URGE PARENT/LEGAL GUARDIAN TO OBTAIN DENTAL CARE.**

TOOTHACHE OR GUMBOIL

For tongue, cheek, lip, jaw or other mouth injury not involving the teeth, See "*Mouth and Jaw Injury*".

These conditions can be direct threats to student's general health, not just local tooth problems!

No first aid measure in school will be of any significant value.

Contact responsible school authority and parent/legal guardian.
URGE DENTAL CARE.

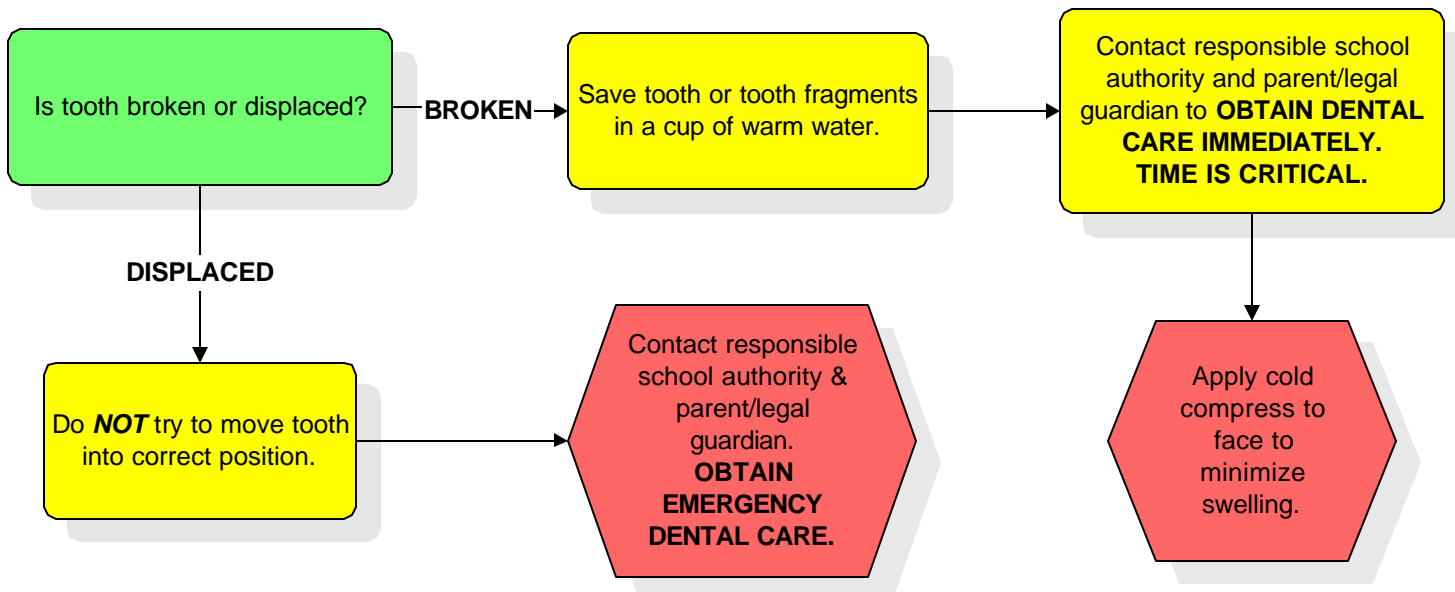
Relief of pain in the school often postpones dental care.
DO NOT PLACE ASPIRIN ON THE GUM TISSUE OF THE ACHING TOOTH. ASPIRIN CAN BURN TISSUE.

("TEETH" continued on next page)

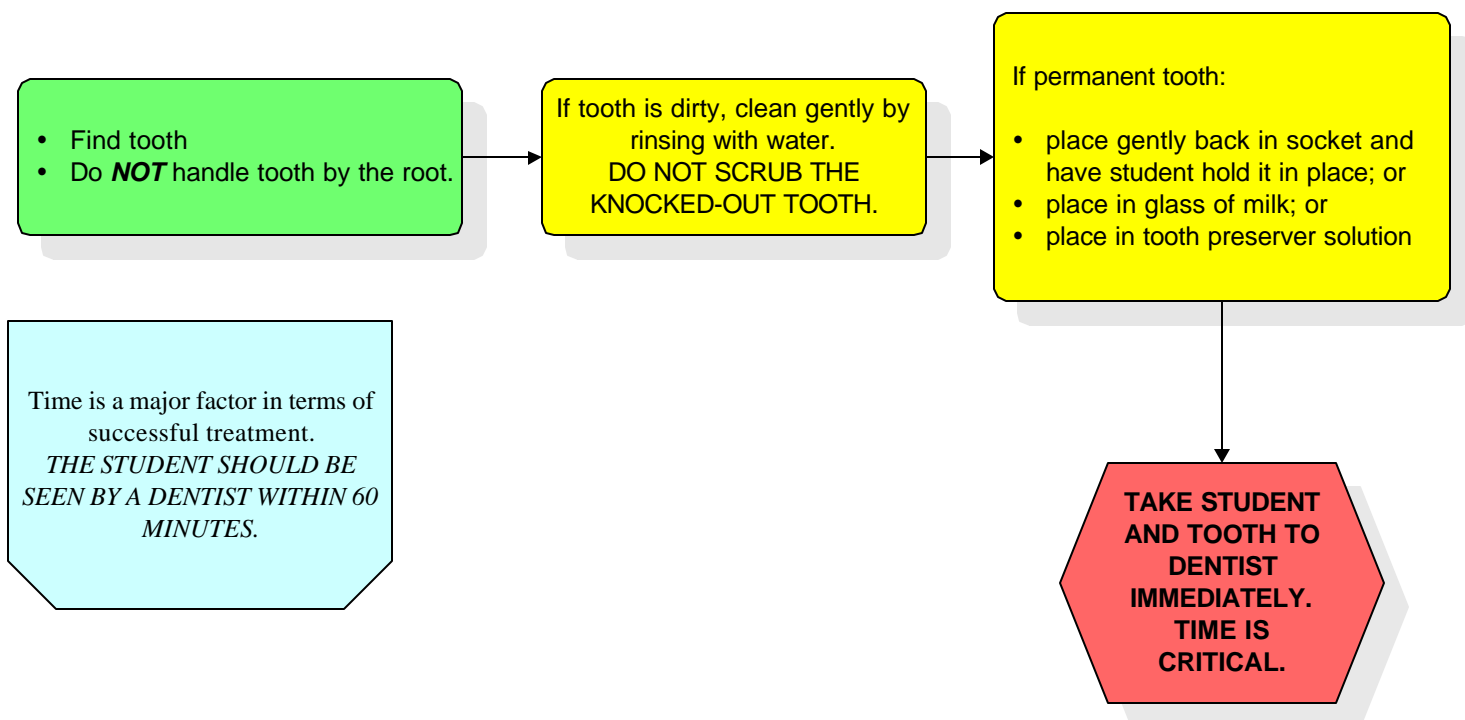
TEETH

(continued from previous page)

BROKEN OR DISPLACED TOOTH



KNOCKED-OUT TOOTH



TETANUS IMMUNIZATION

Protection against tetanus should be considered with any wound, even a minor one.

A **minor wound** would need a tetanus booster only if it has been at least **10 years** since the last tetanus (DT, DPT) shot or if the student is **5 years old or younger**.

Other wounds such as those contaminated by dirt, feces and saliva (or other body fluids); puncture wounds; amputations; and wounds resulting from crushing, burns and frostbite need a tetanus booster if it has been more than **5 years** since the last tetanus shot.

TICK BITE & REMOVAL

Ticks may transmit Rocky Mountain Spotted Fever (RMSF), Lyme Disease, tick paralysis, and ehrlichiosis.

Wear gloves when exposed to blood or other body fluids.

Wash the tick area prior to tick removal.

Pull upward with steady, even pressure using tweezers. Do not twist or jerk.

After removing the tick, thoroughly disinfect the bite site.

Apply a sterile adhesive dressing or a Band-Aid type dressing.

Ticks can be safely disposed of by placing them in a container of alcohol or by flushing down the toilet.

Contact responsible school authority & parent/ legal guardian.

UNCONSCIOUSNESS

If a student stops breathing, and no one else is available to call EMS, perform rescue breathing first for one minute, and then call EMS yourself.

Unconsciousness may have many causes including:

- injuries
- blood loss
- poisoning
- severe allergic reaction
- diabetic reaction
- heat exhaustion
- illness
- fatigue
- stress
- not eating

If you know the cause of the unconsciousness, see the appropriate guideline.

See "fainting".

YES

Did student regain consciousness immediately?

NO

Is unconsciousness due to injury?

NO

- Keep student in flat position.
- Elevate feet.
- Loosen clothing around neck and waist.

YES OR NOT SURE

Treat as possible neck injury. See "Neck & Back Injuries" Guideline.

DO NOT MOVE STUDENT.

- Keep airway clear.
- Check breathing. Look, listen and feel for breath.
- Keep student warm, but not hot.
- Control bleeding if needed (always wear gloves).
- Give nothing by mouth.

Contact responsible school authority & parent/legal guardian.

If student is not breathing, begin rescue breathing. (See "CPR").
CALL EMERGENCY MEDICAL SERVICES.

VOMITING

If a number of students or staff become ill with the same symptoms, suspect food poisoning. CALL NEAREST POISON CONTROL CENTER & ask for instructions (See "Poisoning"). Notify public health officials (usually the health department).

Vomiting may have many causes including:

- Illness
- Injury
- Food poisoning
- Pregnancy
- Heat exhaustion
- Over exertion

If you know the cause of the vomiting, see the appropriate treatment guideline.

Wear gloves when exposed to blood or other bodily fluids.

Have student lie down on his/her side in a room that affords privacy.

- Apply a cool, damp cloth to student's face or forehead.
- Have a bucket available

- Give no food or medications.
- Give small sips of clear liquids containing sugar (such as 7-Up or Gatorade), if the student is thirsty.

Contact responsible school authority & parent/ legal guardian.
URGE MEDICAL CARE.

RECOMMENDED FIRST AID EQUIPMENT AND SUPPLIES FOR SCHOOLS

1. Current American National Red Cross First Aid Manual or equivalent
2. American Academy of Pediatrics First Aid Chart
3. Portable stretcher
4. Cot: mattress with waterproof cover
5. Blankets, sheets/pillows/pillow cases (disposable covers are suitable)
6. Wash cloths: hand towels: small portable basin
7. Covered waste receptacle with disposable liners
8. Bandage scissors: tweezers: needle
9. Thermometer and covered container for storing thermometer in alcohol (could use disposal thermometer or disposable thermometer covers).
10. Expendable supplies:
 - Sterile cotton tipped applicators, individually packaged
 - Sterile adhesive compresses (1"x3"), individually packaged
 - Cotton balls
 - Sterile gauze squares (2"x2"; 3"x3"), individually packaged
 - Adhesive tape (1" width)
 - Gauze bandage (1" and 2" widths)
 - Splints (long and short)
 - Triangular bandages for sling
 - Tongue blades
 - 70% Isopropyl alcohol for use with thermometer
 - Safety pins
 - Soap (plain) or solution containing hexachlorophene
 - Disposable facial tissues
 - Paper towels
 - Eye droppers
 - Disposable gloves (consider vinyl if latex allergy possible)
 - Pocket mask/face shield for CPR
 - One ounce emergency supply of Ipecac (dated)

EMERGENCY INFORMATION

*Please complete this page as soon as possible – before an emergency occurs.
Each school building should update this information yearly.*

EMERGENCY MEDICAL SERVICES INFORMATION

You should know where your EMS is located and how to contact it. Many areas use the 911 system; others use a 7-digit phone number.

? **EMERGENCY PHONE NUMBER:** 911 or _____

? **Name of Service:** _____

? **Their average emergency response time to your school:** _____

? **Directions to your school building:** _____

OTHER IMPORTANT PHONE NUMBERS

? **School Nurse:** _____

? **Responsible School Authority:** _____

? **Maine Poison Control Center:** 1-800-442-6305

? **Other Numbers:** _____
